



APPLICATION FOR EMPLOYMENT

LOCATION PREFERENCE(S) check all that apply

- Star Market Five Points Huntsville
- Star Market Meridianville
- Star Market Madison
- Star Market Bailey Cove Rd. Huntsville

- Star Discount Pharmacy Five Points Huntsville
- Star Discount Pharmacy Meridianville
- Star Discount Pharmacy Madison
- Star Discount Pharmacy Bailey Cove Huntsville
- Hunnington Pharmacy Huntsville
- Propst Home Health Care
- Propst Discount Drugs

DATE OF APPLICATION: _____ POSITION APPLIED FOR: _____

REFERRED BY: _____ EMAIL ADDRESS: _____

ARE YOU WILLING TO TAKE A PRE-EMPLOYMENT DRUG TEST? YES NO

ARE YOU WILLING TO HAVE A BACKGROUND CHECK? YES NO

PERSONAL INFORMATION:

FULL NAME : _____ SS# _____
FIRST MIDDLE LAST

HOME ADDRESS: _____
STREET APT# CITY STATE ZIP

HOME TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____

ARE ANY OF YOUR RELATIVES OR FRIENDS PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS? YES NO. IF YES, LIST NAME OF RELATIVE(S) OR FRIEND(S) AND RELATIONSHIP:

HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE? YES NO

IF YES, WHERE? _____ APPROXIMATE DATE: _____

HAVE YOU EVER APPLIED FOR THE COMPANY OR ITS DIVISIONS BEFORE? YES NO
IF YES, WHERE? _____ APPROXIMATE DATE: _____

DO YOU CURRENTLY CHEW OR SMOKE TOBACCO PRODUCTS? YES NO

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? YES NO
IF NO, PLEASE EXPLAIN. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

GENERAL INFORMATION:

IF YOU ARE UNDER AGE 18, PLEASE STATE YOUR AGE: _____ IF UNDER 18 YEARS OF AGE, CAN YOU SUPPLY WORKING PAPERS? YES NO

ONLY U.S. CITIZENS AND/OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S., ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? YES NO (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT).

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? YES NO IF YES, PLEASE EXPLAIN:

PLEASE CHECK SCHEDULE AVAILABILITY:

HOURS AVAILABLE	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M
	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M
TO	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M	<input type="checkbox"/> A.M
	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M	<input type="checkbox"/> P.M

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

DESIRED WAGE: _____ DATE AVAILABLE TO WORK: _____

EDUCATION INFORMATION:

EDUCATION	NAME/LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DEGREE RECEIVED	SUBJECTS STUDIED/MAJOR
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY:

BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY).

DATE EMPLOYED MONTH/YEAR	EMPLOYERS NAME/PHONE#	SALARY	POSITION	REASON FOR LEAVING

PERSONAL REFERENCES:

NAME	ADDRESS/PHONE	RELATIONSHIP	YEARS ACQUAINTED
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NAME	ADDRESS/PHONE	RELATIONSHIP	YEARS ACQUAINTED
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BUSINESS REFERENCES:

NAME	ADDRESS/PHONE	RELATIONSHIP	YEARS ACQUAINTED
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NAME	ADDRESS/PHONE	RELATIONSHIP	YEARS ACQUAINTED
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LIST ANY OTHER EXPERIENCE, SKILLS OR OTHER QUALIFICATIONS INCLUDING HOBBIES, WHICH YOU BELIEVE SHOULD BE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. PLEASE INDICATE ANY PRIOR MILITARY SERVICE WHICH YOU WOULD LIKE CONSIDERED IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT.

ATTENDANCE AND PUNCTUALITY INFORMATION:

CONSISTENT ATTENDANCE AND PUNCTUALITY ARE ESSENTIAL REQUIREMENTS OF EVERY JOB WITH THIS COMPANY. IS THERE ANYTHING WHICH WOULD INTERFERE WITH YOUR REGULAR ATTENDANCE AND PUNCTUALITY IF YOU ARE OFFERED A JOB WITH THE COMPANY? YES NO IF YES, PLEASE EXPLAIN:

PLEASE READ BEFORE SIGNING:

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

IT IS THE POLICY OF THE COMPANY TO AFFORD EQUAL OPPORTUNITY TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO AGE, RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, MARITAL STATUS, EXPUNGED JUVENILE RECORDS, OR PREGNANCY, AND TO AFFORD EQUAL OPPORTUNITIES TO DISABLED VETERANS, VETERANS OF THE VIETNAM ERA, AND INDIVIDUALS WITH A DISABILITY, ANY AND OTHER CHARACTERISTIC PROTECTED BY FEDERAL, STATE OR LOCAL LAW.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS AND INFORMATION CONTAINED IN THE APPLICATION. I RELEASE FROM ALL LIABILITY ANYONE SUPPLYING SUCH INFORMATION AND I ALSO RELEASE THE EMPLOYER FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING AN INVESTIGATION.

IF HIRED, I AGREE TO ABIDE BY ALL OF THE COMPANY RULES AND REGULATIONS, AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR ME, I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN BY ANY REPRESENTATIVE OR AGENT OF THE COMPANY, AT ANY TIME, CAN CONSTITUTE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT THE COMPANY AND ALL PLAN ADMINISTRATORS SHALL HAVE THE MAXIMUM DISCRETION PERMITTED BY LAW TO ADMINISTER, INTERPRET, MODIFY, DISCONTINUE, ENHANCE OR OTHERWISE CHANGE ALL POLICIES, PROCEDURES, BENEFITS OR OTHER TERMS OR CONDITIONS OF EMPLOYMENT. NO REPRESENTATIVE OR AGENT OF THE COMPANY, HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY CHANGE IN ANY POLICY, PROCEDURE, BENEFIT OR OTHER TERM OR CONDITION OF EMPLOYMENT OTHER THAN IN A DOCUMENT SIGNED BY THE PRESIDENT OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND HEREBY GRANT PERMISSION TO CONFIRM THE INFORMATION SUPPLIED ON THIS APPLICATION BY ME.

PRINT FULL NAME: _____

APPLICANT SIGNATURE: _____ DATE: _____

To be completed by office

RESULTS:			
EMPLOYED: YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, JOB TITLE: _____	DEPARTMENT : _____	
BEGINNING DATE OF EMPLOYMENT: _____	COMPENSATION \$ _____	HOURLY <input type="checkbox"/>	SALARY <input type="checkbox"/>
INTERVIEWED BY: _____	LOCATION: _____	DEPT: _____	DATE: _____