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**EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

Last Name:		First Name		M.I.
Address:				
Home Phone:			Cell Phone:	
Drivers License # (For identification purposes):			Email Address:	
Do you have reliable transportation? (PLEASE EXPLAIN)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Highest level of schooling completed: <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Other_____				

**JOB INFORMATION**

Position Applying for:		Wage/Salary Desired:	
How did you hear of this open position?:		How many hours can you work each week?:	
Please indicate what hours you are available for the following days: Store hours: 3:00am to 11:00pm		<b>REQUIRED QUESTIONS</b>	
MONDAY:	Can you work on weekends? If not, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TUESDAY:	Are you able to work nights? If not, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
WEDNESDAY:	Can you work early mornings? If no, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
THURSDAY:	How many addresses have you had in the last five years?	_____	
FRIDAY:	Do you know anyone that has ever worked for Clear Creek Market?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SATURDAY:	What scheduling limits do you have (school, transportation, etc) ?		
SUNDAY:			

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What skills do you have that would assist you in the position you are applying for?:

**PERSONAL REFERENCES**

Name of Reference:	Phone Number:	Years Known:
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**WORK HISTORY**

Employer:		Location:	
Supervisor:	Phone Number:	Employment Dates: (Start/End)	
Describe your position and tasks you completed:			
Reason for Leaving?			May we contact this previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Location:	
Supervisor:	Phone Number:	Employment Dates: (Start/End)	
Describe your position and tasks you completed:			
Reason for Leaving?			May we contact this previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Location:	
Supervisor:	Phone Number:	Employment Dates: (Start/End)	
Describe your position and tasks you completed:			
Reason for Leaving?			May we contact this previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Location:	
Supervisor:	Phone Number:	Employment Dates: (Start/End)	
Describe your position and tasks you completed:			
Reason for Leaving?			May we contact this previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Location:	
Supervisor:	Phone Number:	Employment Dates: (Start/End)	
Describe your position and tasks you completed:			
Reason for Leaving?			May we contact this previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**REQUIRED QUESTIONS**

Are you prepared to take a pre-employment drug test and random testing during employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prepared to submit to a pre-employment criminal background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The statements and information on this application are correct and no attempt has been made to conceal or withhold pertinent information. I agree that any omission, falsification, or misrepresentation is cause for immediate termination at anytime during my employment.

I agree to conform to all rules, regulations and policies of Clear Creek Grocery, and I agree that my employment and compensation can be terminated , with or without cause, and with or without notice, at any time, at either my or Clear Creek Grocery's option.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application

**↓ FOR OFFICE USE ONLY ↓**

App Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_ Comments: \_\_\_\_\_

Comments: \_\_\_\_\_

TIV  OIV  Other: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ a / p