



R A S T E L L I
 — MARKET FRESH —

For Office Use Only	
Starting Date:	Sal/Hrly:
Starting Pay:	Dept/Suprv:

APPLICATION FOR EMPLOYMENT

Equal Opportunity

Rastelli Market Fresh considers all applicants without regard to race, color, religion, sex, national origin, age, physical or mental disability, or veteran status or other protected classification and in accordance with applicable laws. No questions on this Application are intended to secure information to be used for any discrimination prohibited by applicable law.

Background Check/Drug Screen Testing

All applicants may be required to submit to a substance screening and background check once an employment offer has been made.

PLEASE PRINT OR TYPE IN INK

P E R S O N A L

LAST NAME:	FIRST:	MIDDLE:	DATE OF APPLICATION:
STREET ADDRESS:			HOME TELEPHONE:
CITY, STATE, ZIP CODE:			ALTERNATE (BUSINESS/CELL) TELEPHONE:
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? Proof of citizenship or immigration status will be required upon employment. <input type="checkbox"/> YES <input type="checkbox"/> NO			BEST TIME TO REACH YOU:
IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			EMAIL ADDRESS:

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list date: _____	HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list date: _____
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Please indicate the hours you are available to be scheduled to work each day. Please be sure to indicate am and pm hours.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
start	start	start	start	start	start	start	start
end	end	end	end	end	end	end	end

DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO WORK HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)
ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	CAN YOU TRAVEL IF A JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO

D E S I R E D E M P L O Y M E N T

POSITION(S) APPLIED FOR:	PAY EXPECTED:
JOB STATUS DESIRED: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	DATE AVAILABLE FOR WORK:
HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> Advertisement/Internet <input type="checkbox"/> Current Employee Referral (please list name(s)) <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify)	

E D U C A T I O N / R E L E V A N T E X P E R I E N C E

	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY OR MAJOR	NUMBER OF YEARS COMPLETED	GRADUATED? TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
VOCATIONAL				
MILITARY				

PROFESSIONAL CERTIFICATIONS/LICENSES:

J O B R E Q U I R E M E N T S

Some duties which may be required of our employees:

Lifting bulky items	Lifting heavy items	Reading and understanding recipes/directions
Maintaining safe work environment	Maintaining clean work areas	Working in hot or cold environments
Completing a variety of paperwork	Attending meetings/trainings as required	Repetitive arm/hand movements

Can you perform all the essential functions for which you are applying with or without reasonable accommodation? YES NO

You are considered able to perform a job function if you can perform it with reasonable accommodation? YES NO

If you are not sure of the essential functions of the job for which you are applying, please request to speak with management. If applicable, state the reasonable accommodation, if any, you seek in order to perform the essential functions of the job for which you are applying. All applicants who are able to perform the essential job functions, with or without reasonable accommodation will be considered equally, without regard to any disability.

T R A I N I N G

HAVE YOU RECEIVED ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF DUTY:
IF YES, PLEASE DESCRIBE:	

DESCRIBE ANY JOB-RELATED SPECIALIZED TRAINING, APPRENTICESHIP AND SKILLS:

W O R K H I S T O R Y

(1) PRESENT OR MOST RECENT EMPLOYER:	PHONE:
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ADDRESS, CITY, STATE, ZIP CODE:

DATE STARTED:	STARTING WAGES:	STARTING POSITION:
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	\$ Per	
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DATE LEFT:	WAGE RATE ON LEAVING:	POSITION ON LEAVING:
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	\$ Per	
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NAME AND TITLE OF SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER?
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	<input type="checkbox"/> YES <input type="checkbox"/> NO
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DESCRIPTION OF DUTIES:	REASON FOR LEAVING:
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(2) PREVIOUS EMPLOYER:	PHONE:
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ADDRESS, CITY, STATE, ZIP CODE:

DATE STARTED:	STARTING WAGES:	STARTING POSITION:
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	\$ Per	
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DATE LEFT:	WAGE RATE ON LEAVING:	POSITION ON LEAVING:
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	\$ Per	
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NAME AND TITLE OF SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER?
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	<input type="checkbox"/> YES <input type="checkbox"/> NO
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DESCRIPTION OF DUTIES:	REASON FOR LEAVING:
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(3) PREVIOUS EMPLOYER:	PHONE:
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ADDRESS, CITY, STATE, ZIP CODE:

DATE STARTED:	STARTING WAGES:	STARTING POSITION:
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	\$ Per	
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DATE LEFT:	WAGE RATE ON LEAVING:	POSITION ON LEAVING:
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	\$ Per	
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NAME AND TITLE OF SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER?
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	<input type="checkbox"/> YES <input type="checkbox"/> NO
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DESCRIPTION OF DUTIES:	REASON FOR LEAVING:
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P R O F E S S I O N A L R E F E R E N C E S

PLEASE LIST NAMES OF THREE PERSONS NOT RELATED TO YOU, PREVIOUS SUPERVISORS PREFERRED, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR IN A PROFESSIONAL CAPACITY.

NAME AND RELATIONSHIP	ADDRESS	PHONE	OCCUPATION	YEARS ACQUAINTED
(1)				
(2)				
(3)				

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully before signing:

I hereby certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal. By signing this document I authorize any of the persons or organization referenced in this application to give you any and all information concerning my previous employment, education, driving history, financial history, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information. In consideration for my employment and my being considered for employment by RASTELLI MARKET FRESH. I agree to conform to the rules and regulations of RASTELLI MARKET FRESH and acknowledge these rules and regulations may be changed, interpreted, withdrawn, or added to by RASTELLI MARKET FRESH, at any time at RASTELLI MARKET FRESH'S sole option and without any prior notice to me. I further acknowledge that my employment may be terminated and any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice at any time, at the option of RASTELLI MARKET FRESH or by myself. I understand that no representative of RASTELLI MARKET FRESH, has any authority to enter into any agreement for employment for any specified period of time or to assure any other personnel action, either prior to commencement of employment or after I become employed or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing. I acknowledge that I have been advised that this application will remain active for no more than 180 (180) days from the date it was made.

As part of the procedure for processing this application, I understand that an investigative report may be made by RASTELLI MARKET FRESH, or through an agency and I have completed and signed a background authorization form. If such an investigation is undertaken, I have the right to obtain a copy of any investigative report furnished to RASTELLI MARKET FRESH, by making a written request to RASTELLI MARKET FRESH, or to the agency furnishing the report within a reasonable time from the date of the report.

By signing below I acknowledge that I have read, understood and agree to the above statements.

DATE: _____ APPLICANT'S SIGNATURE: _____

Name and telephone number of person completing this form if other than applicant:

Name: _____ Telephone: _____

ALL APPLICATIONS WILL REMAIN ON FILE AND ACTIVE FOR 6 MONTHS. AFTER SIX MONTHS, YOU MAY COME IN AND COMPLETE ANOTHER APPLICATION

