



the fresh way to save!

Cranford's

EQUAL OPPORTUNITY EMPLOYER/DRUG FREE WORKPLACE

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

ALL QUESTIONS MUST BE ANSWERED FOR APPLICATION TO BE CONSIDERED. ANSWERS MUST BE WRITTEN IN INK. WRITE "N/A" WHERE APPROPRIATE.

You are not required to furnish information prohibited by federal, state, or local law.

Full Name: _____ **Other names under which employed:** _____
Last First Middle

Social Security #: _____

Current Address: _____ **How long have you lived there?** _____
Number Street City State Zip Yrs. Mos.

Previous Address: _____ **How long did you live there?** _____
Number Street City State Zip Yrs. Mos.

Home Phone: _____ **Message Phone:** _____

Are you at least 18 years old? Yes ___ No ___ **if no, age:** _____
(Applicants must be at least 16 years old to be considered for employment)

Can you submit verification of your legal right to work in the U.S.? Yes ___ No ___

Have you ever been convicted of pled guilty to or received deferred adjudication for a felony or misdemeanor which resulted in imprisonment or court ordered probation? Yes ___ No ___

If yes, provide date(s) and details: _____

(*NOTE: A conviction will not necessarily disqualify an applicant from consideration for a particular job.)

Have you ever been employed by Cranford's? Yes ___ No ___

If yes, state position: _____

Location: _____ **Dates Employed:** _____

Have you made an application for employment with Cranford's within the last twelve (12) months? Yes ___ No ___

If yes, "when" and "where": _____

Do you have relatives working for Cranford's? Yes ___ No ___

If Yes, Please list below. (This information is used to evaluate potential reporting relationships):

List name: _____ **Relationship:** _____ **Location:** _____

PLACEMENT INFORMATION

Position applying for: 1st choice _____
2nd choice _____

Location applying for: 1st choice _____
2nd choice _____

Minimum salary expected: \$ _____ per hour. **When could you start?** _____

Do you desire: (circle one)

Full or Part-Time Full-Time Only Part-Time Only Temporary Summer

If hired, how long do you intend to work for Cranford's? (circle one)

0 – 6mos. 6mos. – 1yr. 1 – 2yrs. 2 – 5yrs. 5 yrs. +

To help us consider you for a position that best matches your availability, please indicate the earliest time and the Latest Time you are available to work each day. (*Please include A.M. and/or P.M.)

Day	Earliest Time:	Latest Time:
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

PERSONAL INFORMATION

Please indicate your Race/Ethnicity (for US Department of Labor reporting only)

- _____ African American (Black)
- _____ American Indian
- _____ Asian
- _____ Hispanic or Latino
- _____ Pacific Islander
- _____ White
- _____ Two or More Races
- Other (please Indicate) _____

EDUCATION

Circle Highest Grade Completed

Elementary	5	6	7	8
High School	9	10	11	12
College	1	2	3	4
Graduate School	1	2	3	4

School Name

GED: Yes ___ No ___

Technical/Specialized Training: _____

Extra curricular activities during high school and/or college: _____

WORK HISTORY/EXPERIENCE – BEGIN WITH MOST RECENT OR PRESENT EMPLOYER

*Include all work history, U.S. Military Service, self-employment, temporary jobs, and account for all gaps in employment. Attach additional pages if necessary. Write "N/A" where appropriate.

Company name:	Phone:	Starting date:	Starting salary: \$ _____ per	Starting position:
Address:		Ending date:	Ending salary: \$ _____ per	Ending position:
Supervisor's name:		May we contact?	Reason for leaving:	

Company name:	Phone:	Starting date:	Starting salary: \$ _____ per	Starting position:
Address:		Ending date:	Ending salary: \$ _____ per	Ending position:
Supervisor's name:		May we contact?	Reason for leaving:	

Company name:	Phone:	Starting date:	Starting salary: \$ _____ per	Starting position:
Address:		Ending date:	Ending salary: \$ _____ per	Ending position:
Supervisor's name:		May we contact?	Reason for leaving:	

Have you ever been discharged or disciplined by an employer for theft, sexual harassment, disruptive behavior, using or possessing a weapon on company premises, and/or possessing drugs or illegal substances? YES ___ NO ___
 If Yes, provide date(s) and details: _____

INDICATE SKILLS RELATED TO THE POSITION YOU ARE SEEKING:

Typing: ___ wpm Other skills: _____
 ___ Lotus ___ Microsoft ___ Word Perfect ___ Windows ___ Other software: _____

How were you referred to Cranford's?

___ Cranford's employee ___ Temp. Agency ___ In-store Sign/Flyer
 ___ Educational Institution ___ Other ___ Newspaper Ad

PERSONAL REFERENCES

LIST 2 PERSONAL REFERENCES OTHER THAN RELATIVES OR FORMER EMPLOYERS

Name: _____ Phone#: _____ Name: _____ Phone#: _____

I certify that the foregoing statements are true and correct to the best of my knowledge and belief and hereby grant Cranford's permission to verify such information, as well as information from other employers that may surface in the selection process. I understand that any false statement or omission on this application or at any time during the selection process may be considered sufficient cause for rejection of my application or for dismissal. I understand that as a result of Cranford's continuing commitment to provide a Drug Free Workplace, I may be required to submit to a substance abuse screen as part of the employment process and that a positive test result may be considered sufficient cause for rejection of my application or for dismissal. I understand that Cranford's reserves the right to drug test any time during the course of employment as outlined in the company's Drug Free Workplace policy and my refusal to submit to a required test will subject me to immediate discharge. I agree to abide by and comply with all rules of the company. I further understand and agree that my employment is for no definite period of time and may be terminated at any time by me or the company. Additionally, I understand that this application will remain active for thirty days from receipt. To remain an active applicant, a new application must be filled out each thirty days.

Date: _____ Signature: _____