

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

DATE OF APPLICATION		BEEN CONVICTED OF A CRIME? IF YES, EXPLAIN.	
FIRST NAME			
MIDDLE NAME		DRIVERS LICENSE? Y OR N	
LAST NAME		SOCIAL SECURITY NUMBER	
PHONE #		LIST ANY PRE-EXISTING MEDICAL CONCERNS	
ADDRESS (STREET)			
ADDRESS (CITY, STATE, ZIP)			

EDUCATION & ACTIVITIES

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	LAST YEAR COMPLETED	DID YOU GRADUATE? Y OR N
HIGH SCHOOL		9 10 11 12	
COLLEGE / TRADE SCHOOL			
SPORTS & ORGANIZATIONS			

EMPLOYMENT DESIRED

POSITION	DESIRED SALARY	DATE AVAILABLE	CURRENT EMPLOYER	WORKED AT PHELPS BEFORE	FULL OR PART TIME

FORMER EMPLOYMENT (LIST MOST RELATIVE TO GROCERY INDUSTRY)

DATES WORKED	EMPLOYER NAME, ADDRESS & PHONE	RESPONSIBILITIES	REASON FOR LEAVING

REFERENCES

FIRST & LAST NAME	ADDRESS	PHONE #	BUSINESS

IN CASE OF EMERGENCY CONTACT

NAME	RELATIONSHIP	PHONE #

WHY SHOULD PHELPS MARKET CONSIDER YOUR EMPLOYMENT ABOVE OTHERS?

SIGNATURE OF APPLICANT: _____