

Office Use Only

Date Received _____

Time Received _____

Employee Accepting

Application _____

Mace Supermarket (4M Supermarket)

1004 HWY 28 W

Belle, MO. 65013

859-3362

Application for Employment

Full Legal Name _____ DOB _____

Address _____

Phone Number _____

Have you filed an application with us before? Yes No

Have you worked for us before? Yes No

Have you ever been convicted of a felony? Yes No

*Drug Screening Test Required
Prior To Employment*

If yes, please explain _____

Desired Position _____ Available Start Date _____

Please List Hours Available To Work. (Not preferred hours)

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

Please List Anything That May Interfere With Scheduling

Education History

| <u>Education</u> | <u>Name</u> | <u>Did You Graduate?</u> | <u>Years Attended</u> |
|-------------------------|--------------------|---------------------------------|------------------------------|
| High School | | | |
| College | | | |
| Other | | | |

Previous Employment

Employer _____ Phone Number _____

Years Worked _____ May We Contact Them? _____

Reason for Leaving _____

Employer _____ Phone Number _____

Years Worked _____ May We Contact Them? _____

Reason for Leaving _____

Employer _____ Phone Number _____

Years Worked _____ May We Contact Them? _____

Reason for Leaving _____

Professional References

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

- Applications are held on file for approximately 30 days. If you are still interested in possible employment you must restate your interest by filling out a new application.
- Applicants will not be contacted unless there is an opening and need to have an interview
- You will be required to work holidays and weekends, as these are our busy times. If this is an issue then this line of work is not for you.
- Mace Supermarket does not allow smoke breaks; will you be able to work your shift without the use of tobacco? Yes No
- Do you have a reliable form of transportation to and from work? Yes No

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____