



EMPLOYMENT APPLICATION

Sorrentino's Market is an Equal Opportunity Employer. Applications will receive consideration without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, or veteran status. If employed, you will be required to submit documentation showing proof of citizenship, or authorization to work in the United States. Applications will remain active for thirty days.

Employment Applicant Information

Full Name:						Date:			
<i>Last</i>			<i>First</i>			<i>M.I.</i>			
Address:									
<i>Street Address</i>						<i>Apartment/Unit #</i>			
<i>City</i>						<i>State</i>		<i>ZIP Code</i>	
Phone:	()			E-mail Address:					
Date Available:			Social Security No.:				Desired Salary:	\$	
Position Applied for:									
Are you over the age of 18?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Interested in working		Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If yes, explain:									
Can you, within three (3) days of employment, provide verification of your legal right to work in the United States?							YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Emergency Contact	Name:			Relation:			Contact #		

Education

High School:				Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:				Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:				Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

Previous Employment

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

References

Please list three professional references.

Full Name:	Relationship:	
Company:	Phone:	()
Address:		
Full Name:	Relationship:	
Company:	Phone:	()
Address:		
Full Name:	Relationship:	
Company:	Phone:	()
Address:		

Military Service

Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			
If other than honorable, explain:					

Disclaimer and Signature

I hereby authorize the Company to thoroughly investigate my references, work, records, education, credit history, driving record and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the Company any and all information pertaining to my employment with corporations, from any and all claims, demands, or liabilities arising out of or in any way related to such investigation of disclosure.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed; my employment relationship with the Company is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or the Company. I certify that the information in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for dismissal in accordance with Company policy.

I also attest that I am authorized to work in the United States. I understand this application will remain active for thirty (30) days and if I have not been hired by that date, I must renew my application to be considered for future employment.

Signature:		Date:	
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