



DATE: \_\_\_\_\_

**EMPLOYMENT APPLICATION**

**PERSONAL DATA**

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
Number Street Apartment  
\_\_\_\_\_  
City State Zip Code

Telephone Number: \_\_\_\_\_  
Home Telephone Secondary Telephone E-mail Address

Social Security Number: \_\_\_\_\_  
If employed by another name, please list: \_\_\_\_\_

IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY?  yes  no

HAVE YOU APPLIED OR WORKED FOR ANDRONICO'S MARKET BEFORE?  yes  no

If yes, when and at what location? \_\_\_\_\_

DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR ANDRONICO'S MARKET?  
If yes, indicate name and relationship(s).  yes  no

ARE YOU AT LEAST 18 YEARS OF AGE?  yes  no

IF NO, CAN YOU SUBMIT A WORK PERMIT IF HIRED?  yes  no

*For reasons of supervision, safety, security and morale, family members (including Domestic Partners and /or Significant Others) will not be employed under the direct supervision of one another, nor will they be placed in the same department or any other area that involves potential conflicts of interest.*

**EMPLOYMENT INTERESTS**

Indicate position(s) applying for: \_\_\_\_\_

Indicate locations of interest:

- Berkeley  San Francisco  Danville  Palo Alto  Los Altos
- Warehouse  San Anselmo  Walnut Creek  Corporate

Are you applying for:  Seasonal  Regular part time  Regular full time

Hours available to work: \_\_\_\_\_ Days available to work: \_\_\_\_\_

Salary Requirement: \_\_\_\_\_ Date available to begin work: \_\_\_\_\_

Are you able to perform all essential job duties and functions of the job for which you are applying, either with or without reasonable accomodations?  yes  no

If no, please describe the accomodations needed. \_\_\_\_\_

(Note: We comply with the ADA and will consider reasonable accomodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Have you ever been involuntarily discharged from a position?

yes

no

If yes, please explain \_\_\_\_\_

Have you ever, under your name or another name, been convicted of a criminal offense (felony or misdemeanor)?

yes

no

If yes, state nature of crime(s), when and where convicted and disposition of the case(s):

(Note: Information will be used for job seeking purposes only, no applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the surrounding circumstance and the relevance of the offense to the position(s) applied for may, however, be considered.)

**EDUCATION, TRAINING AND EXPERIENCE**

School	Name and Address	Did you Graduate?	Diploma or Degree
High School		<input type="checkbox"/> yes <input type="checkbox"/> no	
College or University		<input type="checkbox"/> yes <input type="checkbox"/> no	
Vocational or Business		<input type="checkbox"/> yes <input type="checkbox"/> no	

**QUESTIONS**

Why do you want to work at Andronico's Market? \_\_\_\_\_

Name two characteristics that make you a great employee. \_\_\_\_\_

Describe a recent work-related problem you had to address and how you resolved it. \_\_\_\_\_

Who did you admire most at your last job? Explain. \_\_\_\_\_

## EMPLOYMENT HISTORY

List below all present and past employment (including military service) starting with your most recent employer (10 years is sufficient). Account for all periods of unemployment. **You must complete this section even if your resume is attached.**

If you are currently employed, may we contact your employer?  yes  no

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Starting pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Starting pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Starting pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Note: Attach additional page(s) if necessary.** If extra pages attached, check here

## REFERENCES

List below two business references NOT related to or living with you who have knowledge of your work performance within the last three years. Domestic Partners and/or Significant Others are considered relatives and should not be listed.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## AUTHORIZATION

**Please read carefully, initial each paragraph and sign below.**

\_\_\_\_\_ I understand that Andronico's Market promotes a drug free workplace and conducts pre-employment drug testing

\_\_\_\_\_ I hereby certify that I have not knowingly withheld information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification or material omission of information on this application or any document used to secure employment may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that Andronico's Market validates the Social Security Number (SSN) of all current associates and new hires of the Company. The purpose of the verification is to ensure that associate's wages are credited to the proper associate's SSN and to determine that the SSN presented by an associate is a valid SSN and belongs to the associate presenting it. I understand that a misrepresentation of my SSN is grounds to deny or to terminate my employment.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships, associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ \* I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, 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 is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either the company or me, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by the company's designated representative and me.

\*NOTE: All union positions are covered by collective bargaining agreements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_