

## Dutch-Way Farm Market

### Employment Application Form

We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, religion, disability, sex, national origin, age (for those age 40 and over), or any other basis protected by federal, state or local law. This employment application is only considered active for 30 days. After this time period a separate employment application must be submitted in order to be considered for employment.

Personal Please print clearly Date

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Present Address \_\_\_\_\_ zip \_\_\_\_\_

How long have you lived at present address? \_\_\_\_\_ Phone # \_\_\_\_\_

Previous address \_\_\_\_\_ zip \_\_\_\_\_

How long did you live at previous address? \_\_\_\_\_ Are you age 18 or older?  Yes or  No

If under 18, can you furnish a work permit  Yes or  No. If no, please explain \_\_\_\_\_

What position(s) are you applying for? \_\_\_\_\_ Salary Expected \_\_\_\_\_

How did you find out about this job? \_\_\_\_\_

Are you legally eligible for employment in the U.S.  Yes or  No (Proof of US citizenship/status will be required if hired)

Have you ever been convicted of a felony or misdemeanor?  Yes or  No.

Are You currently on parole for a felony or misdemeanor?  Yes or  No

If you answered yes to either of the 2 previous questions, please explain the nature and disposition of the case: \_\_\_\_\_

Answering yes to any of the four previous questions will not necessarily disqualify any applicant for consideration for employment at Dutchman's.

### Employment Data

Are you seeking – Full Time – Part Time – Temporary Work (please circle one)

What days and hours are you available? Please note below

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start At						
Quit At						

Please list any shifts you can not work \_\_\_\_\_

Are you currently employed?  Yes or  No If Yes, name of employer \_\_\_\_\_

When are you available to start working at Dutch-Way? \_\_\_\_\_

Have you ever been employed by Dutch-Way?  Yes or  No If Yes, when? \_\_\_\_\_

List any friends or relatives employed at Dutch-Way \_\_\_\_\_

### Education and Experience

Please circle the highest level completed:

Elementary    1 2 3 4 5	Name of school _____
Middle school 6 7 8	Name of school _____
High School    9 10 11 12 GED	Name of school _____
College        1 2 3 4 More	Name of school _____

Describe course of study or any other training or education \_\_\_\_\_

Are you currently attending school?  Yes  No

## Work History

Please list your last three employers, starting with the most recent

May we contact all of the employers listed below? \_\_\_ Yes \_\_\_ No. If no, which ones do not want us to contact, and explain why \_\_\_\_\_

Dates Employed From: _____ To: _____	Company _____ Address _____ City/State/Zip _____ Phone # _____	Job Title _____ Describe Duties _____ _____ Salary - Beginning _____ Ending _____ Reason for leaving _____
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Dates Employed From: _____ To: _____	Company _____ Address _____ City/State/Zip _____ Phone # _____	Job Title _____ Describe Duties _____ _____ Salary- Beginning _____ Ending _____ Reason for leaving _____

## Personal References

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

## Specialized Supermarket Experience

Please check any areas where you have specific experience that would help you if you were hired at Dutch-Way. Provide details.

- Meat or Seafood Department \_\_\_\_\_
- Produce or Bulk Food Department \_\_\_\_\_
- Bakery Department \_\_\_\_\_
- Deli Department \_\_\_\_\_
- Kitchen or Restaurant \_\_\_\_\_
- Cashier or Bagger \_\_\_\_\_
- Grocery Department or Night Stocker \_\_\_\_\_
- Dairy or Frozen Foods Department \_\_\_\_\_

## Voluntary Information

You are not required to complete this information in order to be considered for employment at Dutch-Way. This is voluntary only!

Sex: Male Female (Please circle one) Date of Birth \_\_\_\_\_

### Please read the following carefully, then sign and date this application.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements or implications made by me on this application or any other required documents shall be considered sufficient cause for denial of employment or discharge. I hereby agree to submit to any drug / alcohol testing required of me, whether prior to employment or if employed by this company, at anytime thereafter.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Thank You!