



Application for Employment

Applications will only be considered if filled out completely.

Print Clearly / Complete Fully

Position applying for: _____ Date of application: _____

Location you are willing to work at (check all that apply)

- #1 Roseburg Ave Modesto
 #2 Riverbank
 #3 Dale Rd Modesto

Name _____ Social Security No. _____

Address _____
Street _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Telephone _____ Message Phone _____
(Area Code) Number (Area Code) Number

List any hours that you are *not able* to work (now or in the future): _____

Rate of pay desired: _____

Are you 18 years of age or older? Yes No

Have you previously applied for employment here? Yes No
If yes, when? _____

Have you previously been employed by O'Brien's Market? Yes No
If yes, when? _____

Are any of your relatives employed by O'Brien's Market? Yes No
If yes, list name and department: _____

Are you legally able to accept employment in the United States? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
If yes, please explain nature: _____

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Essay Questions

Please answer the following questions in your own words. Please limit your response to 50 words or less.

Why do you think customer service is so important to a grocery store?

What is the importance of being a team player?

Why do you want to work for O'Brien's Market?

List any other special skills or training that you might have. (Second language, typing speed, etc.)

Detach Upon Completion and Keep Separate

Applicant History

Education

High School	Dates attended
Address	Degrees or diplomas
College/University	Dates attended
Address	Degrees or diplomas

Employment History

Begin with your most recent employer. Attach additional sheet if needed.

1. Employer	Dates Employed	
Address	Supervisor's name	
City	State	Zip code
Phone ()	Salary: Beginning	Ending
Title/duties		
Why did you leave?		
<i>Manager Use Only - Verified By:</i>		<i>Eligible for rehire: Y N</i>
Notes:		

2. Employer	Dates Employed	
Address	Supervisor's name	
City	State	Zip code
Phone ()	Salary: Beginning	Ending
Title/duties		
Why did you leave?		
<i>Manager Use Only - Verified By:</i>		<i>Eligible for rehire: Y N</i>
Notes:		

Personal References

List the name and telephone number of three business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known	Mngr Use Only - Verified By:
	()		
	()		
	()		

Government Code Section 1233 grants us permission to gather information on the ethnic background of applicants for employment or incumbent employees. Please complete this optional form and submit it with your application. This form will be de detached from your application. **It will be kept separate and confidential.** It will be used strictly for statistical and analytical purposes. We are requesting this information on a voluntary basis. **We WILL NOT** use it to make any employment decision which may affect you.

ETHNIC CATEGORY:

I consider myself to be a member of the following ethnic group (CHECK ONE)

- _____ "White": Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- _____ "Black": (Not of Hispanic origin) Persons of Black African ancestry.
- _____ "Hispanic": Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

POSITION APPLIED FOR: _____ **DATE:** _____

SEX: M F

DISABILITY: NO YES If "YES" Specify _____

- _____ "Asian or Pacific Islanders": Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example: China, Japan, Korea, India, Pakistan, the Philippine Islands, and Samoa.
- _____ "American Indian or Alaskan Native": Persons having origins in any of the original peoples of North America. Other: _____

As an Equal Opportunity Employer, O'Brien's Market does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or sexual orientation. All information provided in this application will be treated confidentially and will be used only to help ensure the best use of your abilities if you are employed by us.

1. I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.
2. I authorize persons, schools, my current employer (if applicable) and any previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision, and release all parties from all liability for any damage that may result from furnishing same to you.
3. This application is not a contract and cannot create a contract. I understand that if hired, my employment can be terminated with or without cause, at any time, at the discretion of either O'Brien's Market or myself. I understand that no management official other than the chief executive officer of the company has any authority to enter into an agreement contrary to the foregoing or make any oral assurance or promise of continued employment.
4. I understand that I will be considered only for the position I have applied for, and that if I am not hired at this time I will have to reapply.
5. I understand that I will have to provide proof of eligibility to work in the United States, and I will provide O'Brien's Market with a legible copy of my Social Security Card.
6. I understand that as a condition of employment, O'Brien's Market may require me to successfully complete a drug screen test.

_____ Signature _____ Date _____

Manager Use Only	Date of Interview		Date of Interview	
	Time of Interview		Time of Interview	
	Position		Position	
	Interviewed With		Interviewed With	
	Location:		Drug Screening due by: _____	
	Department:		Pass: _____	
Starting Pay Rate:		Notes:		
Employee #:				