



EMPLOYMENT APPLICATION

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FOOD AUTHORITY considers applicants for positions on the basis of qualifications without regard to race, religion, national origin, age, sex, marital status, disability or sexual orientation.

PLEASE PRINT CLEARLY

POSITION APPLYING FOR:		DATE:
FULL NAME		SOCIAL SECURITY #
ADDRESS		
HOME PHONE	CELL PHONE	EMAIL ADDRESS
WHAT IS THE BEST TIME TO CONTACT YOU AT HOME:		

WHEN ARE YOU AVAILABLE TO WORK:

REGULAR FULL-TIME _____ PLEASE INDICATE – SHIFT 1 2 3

REGULAR PART TIME _____ PLEASE INDICATE – MORNINGS AFTERNOONS EVENINGS

TEMPORARY _____ PLEASE INDICATE YOUR AVAILABLE DATES ____/____/____ TO ____/____/____

HAVE YOU EVER SUBMITTED AN APPLICATION WITH OUR COMPANY BEFORE? YES (DATE) _____ NO

HAVE YOU EVER BEEN EMPLOYED WITH OUR COMPANY BEFORE? YES (DATE) _____ NO

ARE YOU LEGALLY QUALIFIED TO WORK IN THE UNITED STATES?
(PROOF OF IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT) YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES? YES NO

HAVE YOU EVER SERVED IN THE MILITARY? YES NO

WHAT IS YOUR DESIRED SALARY RANGE? _____ ON WHAT DATE ARE YOU AVAILABLE TO WORK? ____/____/____

EDUCATION

HIGH SCHOOL (NAME/ADDRESS)	DIPLOMA/DEGREE – YES <input type="checkbox"/> NO <input type="checkbox"/> If no what's the last grade completed _____
TECHNICAL SCHOOL (NAME/ADDRESS)	DIPLOMA/DEGREE – YES <input type="checkbox"/> NO <input type="checkbox"/> How many years did you attend _____
COLLEGE (NAME/ADDRESS)	DIPLOMA/DEGREE – YES <input type="checkbox"/> NO <input type="checkbox"/> Major course of study _____
OTHER (NAME/ADDRESS)	Major course of study _____

CONTINUED ON THE NEXT PAGE

EMPLOYMENT EXPERIENCE START WITH YOUR PRESENT OR MOST RECENT POSITION.

1. EMPLOYER	DATES EMPLOYED		DESCRIPTION OF WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE	BASE PAY		
SUPERVISOR	START	FINISH	
REASON FOR LEAVING			

2. EMPLOYER	DATES EMPLOYED		DESCRIPTION OF WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE	BASE PAY		
SUPERVISOR	START	FINISH	
REASON FOR LEAVING			

3. EMPLOYER	DATES EMPLOYED		DESCRIPTION OF WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE	BASE PAY		
SUPERVISOR	START	FINISH	
REASON FOR LEAVING			

REFERENCES PLEASE GIVE NAME, ADDRESS & TELEPHONE NUMBER OF (3) BUSINESS REFERENCES WITH NO RELATION TO YOU

1. _____ _____ _____
2. _____ _____ _____
3. _____ _____ _____

DISCLAIMER & SIGNATURE

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at a employment decision.

I hereby acknowledge that unless otherwise defined by applicable law, any employment relationship with Food Authority is of an "at will" nature, which means the employee may resign at any time and the employer may discharge employee at any time with or without cause. It's further understood that this "at will" employment may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer

_____ SIGNATURE OF APPLICANT _____ DATE _____

BACKGROUND CHECK INFORMATION PLEASE PRINT ALL INFORMATION IN THIS SECTION

NAME (LAST, FIRST, MIDDLE)		MAIDEN NAME (IF MARRIED FEMALE)
CURRENT ADDRESS		
PREVIOUS ADDRESS (IF ABOVE IS LESS THAN 5 YEARS)		
PHONE #	SOCIAL SECURITY #	DRIVERS LICENSE #
_____ SIGNATURE OF APPLICANT		_____ DATE