



Employment Application

Kings Super Markets, Inc. provides equal employment opportunities to all qualified applicants without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, veteran status or any other characteristic protected by applicable federal, state or local law. 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.

Last Name		First Name		Middle	How did you hear about Kings?	
Address			City		State	Zip Code
Phone Number		How long have you lived at this address?			Date Available to Start: _____	
Status for which you are applying: Full Time _____ Part Time _____ Seasonal _____						
Position/Department for which you are applying: _____					Rate/Salary Desired: _____	

Please list hours you are available to work:	AM PM	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		_____	_____	_____	_____	_____	_____	_____

I understand that my availability includes any and all days/times I may be able to work and it is not a guaranteed schedule. Although every effort to accommodate individual preferences will be made, business needs may require any or all of the following: extension of hours, a rotating work schedule, Saturday and/or Sunday or overtime hours.

Do not complete this section unless position applied for requires use of a company vehicle:

Do you have a valid driver's license? _____

PLEASE CONTINUE ON REVERSE SIDE

FOR OFFICE USE ONLY
(HIRING PERSONNEL: Complete this section only after offer of employment is made.)

START: ___/___/___ STR #: _____ STAT: FT () PT () Seasonal () DEPT: _____

POS: _____ HRLY RATE/SALARY: _____ DOB: ___/___/___

COMMENTS: _____

EMERGENCY CONTACT: Name: _____

Relationship: _____ Phone: _____

I have reviewed this form for completeness and hereby certify all payroll information is accurate.

Hiring Manager: _____ Date: _____

EDUCATION AND TRAINING

High School	years Completed:	Graduated?	If presently attending, estimated date of graduation:	Course, Major or Degree Received:
Address		YES NO		
College/Other	years Completed:	Graduated?	If presently attending, estimated date of graduation:	Course, Major or Degree Received:
Address		YES NO		
Please provide any other information that may be relevant to your employment (This may include specialized skills, equipment operated, etc.)				

WORK HISTORY

Beginning with your most recent position, please provide information about your work history (even if resume is provided):

Employer	Address		From (Mo/Yr) To (Mo/Yr)	
Name of Supervisor	Supervisor's Title	Telephone #		Starting Salary
Starting Position	Current or Last Position	May we contact this employer?		Ending Salary
		YES _____ NO _____		
Description of duties and accomplishments		Reason for leaving		

Employer	Address		From (Mo/Yr) To (Mo/Yr)	
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Starting Position	Current or Last Position	May we contact this employer?		Ending Salary
		YES _____ NO _____		
Description of duties and accomplishments		Reason for leaving		

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Starting Position	Current or Last Position	May we contact this employer?		Ending Salary
		YES _____ NO _____		
Description of duties and accomplishments		Reason for leaving		

THE STATEMENTS BELOW ARE PART OF THE APPLICATION AND SHOULD BE READ CAREFULLY

I certify that all information furnished on this application is true, complete and correct. I understand and agree that any falsification or omission of fact on this application or otherwise during the employment process will be sufficient reason for (1) my not being offered employment, or (2) dismissal at any time from the service of the Company if I am employed. I authorize the company to contact references, former employers, schools and other individuals or organizations during the application process and at any time during the course of employment to verify the information contained in this application, and I authorize each of those individuals and entities to provide the information requested by the Company. I further understand that the Company will not employ persons who use illegal drugs or engage in substance abuse, and that the Company retains the right to screen from employment such individuals. I hereby release all parties, including the Company, from any liability for any damages which may result from furnishing or obtaining any information referenced in this paragraph. A photostatic copy of this authorization will be considered as effective and valid as the original.

I understand that in considering my application for employment, the company may request a background report about me. By signing my name below, I understand that nothing contained in this application or in the interview process is intended to create an employment contract between the Company and me. Should this application result in my employment with the Company, I understand and agree that my employment shall be "at will". This means that I may resign at any time and that the Company can terminate my employment at any time with or without cause or notice. I understand that no representative of the Company other than the Company's President and the Company's Vice-President of Human Resources has any authority to enter into any employment agreement with me for any specified period of time. I certify by my signature that I have read and agree to all of the terms stated above.

Applicant's Signature: _____

Date: _____