



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 30 days.

LAST NAME		FIRST NAME			MIDDLE NAME	
ADDRESS		CITY			STATE	ZIP CODE
MOBILE PHONE NUMBER	HOME PHONE NUMBER		TIME AT THIS ADDRESS?	AVAILABLE START DATE		
				MM	DD	YY
STATUS YOU ARE APPLYING FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL			HOW DID YOU HEAR ABOUT KINGS?			
POSITION/DEPARTMENT FOR WHICH YOU ARE APPLYING:					RATE/SALARY DESIRED	

PLEASE LIST HOURS YOU ARE AVAILABLE TO WORK:		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	AM							
	PM							

I understand that my availability includes any 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 an offer of employment is made.)

START DATE			STR #	STATUS			DEPT
MM	DD	YY		FT	PT	S	
POS		HOURLY RATE/SALARY			DATE OF BIRTH		
					MM	DD	YY
COMMENTS							

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	PHONE NUMBER
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I HAVE REVIEWED THIS FORM FOR COMPLETENESS AND HEREBY CERTIFY ALL PAYROLL INFORMATION IS ACCURATE

HIRING MANAGER:	DATE:
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EDUCATION AND TRAINING			
HIGH SCHOOL	YEARS COMPLETED	GRADUATED?	IF ATTENDING, ESTIMATED DATE OF GRADUATION:
ADDRESS			COURSE, MAJOR OR DEGREE RECEIVED:
COLLEGE/OTHER	YEARS COMPLETED	GRADUATED?	IF ATTENDING, ESTIMATED DATE OF GRADUATION:
ADDRESS			COURSE, MAJOR OR DEGREE RECEIVED:
PLEASE PROVIDE RELEVANT INFORMATION PERTAINING 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 a resume is provided):

EMPLOYER	ADDRESS	START		END	
		MM	YY	MM	YY
NAME OF SUPERVISOR	SUPERVISOR'S TITLE	EMPLOYER PHONE #			
		MAY WE CONTACT THIS EMPLOYER?		YES	NO
STARTING POSITION	CURRENT OR LAST POSITION	REASON FOR LEAVING:			
DESCRIPTION OF DUTIES AND ACCOMPLISHMENTS:					

EMPLOYER	ADDRESS	START		END	
		MM	YY	MM	YY
NAME OF SUPERVISOR	SUPERVISOR'S TITLE	EMPLOYER PHONE #			
		MAY WE CONTACT THIS EMPLOYER?		YES	NO
STARTING POSITION	CURRENT OR LAST POSITION	REASON FOR LEAVING:			
DESCRIPTION OF DUTIES AND ACCOMPLISHMENTS:					

EMPLOYER	ADDRESS	START		END	
		MM	YY	MM	YY
NAME OF SUPERVISOR	SUPERVISOR'S TITLE	EMPLOYER PHONE #			
		MAY WE CONTACT THIS EMPLOYER?		YES	NO
STARTING POSITION	CURRENT OR LAST POSITION	REASON FOR LEAVING:			
DESCRIPTION OF DUTIES AND ACCOMPLISHMENTS:					

THE STATEMENT BELOW IS 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 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, 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 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. I certify by my signature that I have read and agree to all of the terms stated above.

SIGNATURE: _____ DATE: _____