



# TONYS FINER FOODS EMPLOYMENT APPLICATION

## AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Tony's Finer Foods to recruit, hire, train, promote, transfer, compensate, and provide all other conditions of employment including Company sponsored events without regard to race, color, creed, religion, national origin, sex, age, marital status, lawful alien status, sexual orientation, physical or mental disability, citizenship status, veteran status, or any basis prohibited by law.

Please complete all requested information. Use ink and print.

General Information		POSITION DESIRED:		SALARY DESIRED:	
Today's Date		Date Available for Work			
Name: Last First Middle		FULL TIME _____ 38 HOURS PER WEEK		PART TIME _____ LESS THAN 37 HOURS	
Street Address Apt#		AGE (IF YOU ARE UNDER 18 YOU MAY HAVE TO PROVIDE A WORK PERMIT BEFORE STARTING WORK)			
City State Zip		ARE YOU AT LEAST 18 YRS OLD? ____ YES ____ NO			
Telephone (Home) Telephone (Cell)		ARE YOU AT LEAST 16 YRS OLD? ____ YES ____ NO			
IF YOU HAVE WORKED FOR OUR COMPANY BEFORE, STATE WHERE, WHEN, FINAL POSITION AND REASON FOR LEAVING:		PLEASE INDICATE THE HOURS (BOTH DAY AND EVENING) YOU ARE AVAILABLE TO WORK:			
		SUN _____ MON _____ TUES _____ WED _____			
		THURS _____ FRI _____ SAT _____			
HAVE YOU EVER APPLIED TO OUR COMPANY BEFORE ____ YES ____ NO		NOTE: 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 HOURS, OVERTIME.			
IF YES WHERE:		DO YOU HAVE ANY RELATIVES EMPLOYED BY OUR COMPANY? ____ YES ____ NO IF YES IDENTIFY BY NAME AND LOCATION:			
HAVE YOU EVER BEEN CONVICTED OF A CRIME BY A CIVILIAN OR MILITARY COURT: ____ YES ____ NO					

WORK EXPERIENCE (START WITH CURRENT EMPLOYER AND CONTINUE WITH FORMER EMPLOYERS)					
EMPLOYER #1			EMPLOYER #2		
ADDRESS STREET CITY STATE ZIP			ADDRESS STREET CITY STATE ZIP		
PHONE:		SUPERVISOR	TITLE		
POSITION:		FINAL SALARY:	REASON FOR LEAVING		
DATES OF EMPLOYMENT: FROM: TO:			DATES OF EMPLOYMENT: FROM: TO:		
EMPLOYER #3			EMPLOYER #4		
ADDRESS STREET CITY STATE ZIP			ADDRESS STREET CITY STATE ZIP		
PHONE:		SUPERVISOR	TITLE		
POSITION:		FINAL SALARY:	REASON FOR LEAVING		
DATES OF EMPLOYMENT: FROM: TO:			DATES OF EMPLOYMENT: FROM: TO:		

PROFESSIONAL REFERENCES-LEST PERSONS FAMILIAR WITH YOUR WORK ABILITY (EXCLUDE RELATIVES)			
NAME:	PHONE NUMBER:	HOW ACQUAINTED:	HOW LONG:
NAME:	PHONE NUMBER:	HOW ACQUAINTED:	HOW LONG:
NAME:	PHONE NUMBER:	HOW ACQUAINTED:	HOW LONG:

EMERGENCY CONTACT	
IN CASE OF EMERGENCY, CONTACT (NAME):	(PHONE NUMBER):

PLEASE COMPLETE REMAINDER OF APPLICATION ON REVERSE SIDE

DO NOT WRITE BELOW THIS LINE

(HIRING PERSONNEL: COMPLETE THIS SECTION ONLY AFTER AN OFFER OF EMPLOYMENT IS MADE.)					
JOB TITLE		FT OR PT	STORE #	MALE OR FEMALE	START DATE
DATE OF BIRTH		HOURLY OR SALARIED		RATE OF PAY HOURLY _____ SALARY _____	
RACE (CIRCLE ONE) WHITE - BLACK - HISPANIC- ASIAN/PACIFIC ISLAND- AMERICAN INDIAN				SIGNATURE OF HIRING INDIVIDUAL	

**EDUCATION AND TRAINING**

	PLEASE PRINT NAME, STREET,CITY & ZIP FOR EACH SCHOOL	NUMBER OF YEARS COMPLETED	TYPE OF COURSE/MAJOR
HIGH SCHOOL		<input type="checkbox"/>	
COLLEGE		<input type="checkbox"/>	
ADDITIONAL TRAINING			

INDICATE THE JOB SKILLS WHICH YOU HAVE PERFORMED:

TYPING(\_\_\_\_\_) WPM     COMPUTER SOFTWARE LIST(\_\_\_\_\_)     OTHER \_\_\_\_\_

**ADDITIONAL INQUIRIES**

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYER : \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

IF EMPLOYMENT IS OFFERED, CAN YOU PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHY ARE YOU INTERESTED IN WORKING FOR OUR COMPANY? \_\_\_\_\_

WHAT DIDN'T YOU LIKE ABOUT YOUR PREVIOUS JOBS? \_\_\_\_\_

PROVIDE INFORMATION ABOUT COMMUNITY ACTIVITIES, PROFESSIONAL TRADE OR SERVICE ORGAIZATIONS TO WHICH YOU BELONG WHICH YOU MAY BELIEVE MAY DEMONSTRATE YOUR JOB RELATED ABILITIES( YOU MAY INCLUDE THOSE WHICH INDICATE RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, HANDICAP.

**REFERRAL SOURCE**

\_\_\_\_\_ WALK-IN APPLICANT    \_\_\_\_\_ AGENCY    \_\_\_\_\_ EMPLOYEE REFERRAL    \_\_\_\_\_ NEWSPAPER    \_\_\_\_\_ OTHER

NAME OF AGENCY    NAME OF EMPLOYEE:    PLEASE LIST:

IF HIRED, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE COMPANY, I UNDERSTAND THAT MY EMPLOYMENT IS AT-WILL. THIS MEANS THAT I DO NOT HAVE A CONTRACT OF EMPLOYMENT FOR ANY PARTICULAR DURATION OR LIMITING THE GROUNDS FOR MY TERMINATION IN ANY WAY. I AM FREE TO RESIGN AT ANYTIME. SIMILARLY, THE COMPANY IS FREE TO TERMINATE OR CHANGE THE TERMS AND/OR CONDITIONS OF MY EMPLOYMENT AT ANYTIME FOR ANY REASON OR NO REASON. THE ONLY TIME MY AT WILL STATUS COULD BE CHANGED IS IF I WERE TO ENTER INTO A WRITTEN CONTRACT WITH THE COMPANY EXPLICITLY PROMISING ME JOB SECURITY.

ALL OF THE INFORMATION I HAVE SUPPLIED IN THIS APPLICATION IS A TRUE AND COMPLETE STATEMENT OF THE FACTS, AND IF EMPLOYED, ANY OMISSIONS OR FALSE OR MISLEADING STATEMENTS, ON THIS APPLICATION OR DURING THE INTERVIEW PROCESS COULD RESULT IN IMMEDIATE DISMISSAL REGARDLESS OF WHEN SUCH INFORMATION IS DISCOVERED. I FURTHER AUTHORIZE ALL COURTS, PROBATION DEPARTMENTS, PROSECUTOR'S OFFICES, BOARDS, EMPLOYERS, EDUCATIONAL AND CREDIT COMPANIES, OTHER INSTITUTIONS AND AGENCIES, WITHOUT EXCEPTION, TO FURNISH THE COMPANY OR ITS REPRESENTATIVES ANY INFORMATION ANY OF THEM HAVE CONCERNING ME. THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS. I FURTHER AUTHORIZE A CHECK BY ANY CONSUMER AGENCY OF MY EMPLOYMENT HISTORY AS WELL AS ANY INCIDENTS OF EMPLOYMENT DISHONESTY, RETAIL THEFT OR CRIMINAL ACTIVITY. I UNDERSTAND THAT MY EMPLOYMENT AND/OR RETENTION MAY BE AFFECTED IN WHOLE OR IN PART FROM A REPORT RECEIVED FROM THIS AGENCY. I HEREBY DISCHARGE AND EXONERATE THE COMPANY, ITS AGENTS AND REPRESENTATIVES, OR ANY PERSON SO FURNISHING INFORMATION, FROM ANY LIABILITY AND ALL LIABILITY OF EVERY NATURE AND KIND ARISING OUT OF THE FURNISHING, INSPECTION OR COLLECTION OF SUCH DOCUMENTS, RECORDS AND OTHER INFORMATION OR THE INVESTIGATION MADE BY THE COMPANY. A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.(WHEREVER LEGALLY REQUIRED, A COPY OF ANY CREDIT REPORT AND OTHER INFORMATION WILL BE AVAILABLE UPON MY REQUEST.)

I AGREE TO PROTECT THE COMPANY'S CONFIDENTIAL INFORMATION, TRADE SECRETS, AND OTHER PROPRIETARY INFORMATION AND WILL NOT REVEAL SUCH INFORMATION TO ANYONE AT ANYTIME DURING OR AFTER CESSATION OF MY EMPLOYMENT.

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.

IF HIRED, I UNDERSTAND THAT THE FIRST 90 DAYS OF EMPLOYMENT ARE CONSIDERED A PROBATIONARY PERIOD, DURING THAT TIME I WILL NOT BE CONSIDERED A REGULAR EMPLOYEE. I WILL BE CONSIDERED A REGULAR EMPLOYEE AFTER I HAVE SUCCESSFULLY COMPLETED THIS PROBATIONARY PERIOD.

Email Address \_\_\_\_\_ @ \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATION WILL ONLY BE CONSIDERED FOR 3 MONTHS, AFTER THAT TIME, YOU MUST COMPLETE A NEW APPLICATION FOR FURTHER CONSIDERATION