



The Stop & Shop Supermarket Company

The Stop & Shop Supermarket Company strives to employ the best qualified people, to provide equal opportunities for the advancement of employees, including upgrading, promotion and training, and to administer these activities in a manner which will not discriminate against any person because of race, color, religion, sex, age, national origin, marital status, disability, sexual orientation, or any other characteristic protected by law.

EMPLOYMENT APPLICATION

NAME (First)	(Middle Initial)	(Last)	Social Security Number
ADDRESS	(City)	(State)	(Zip) Telephone

POSITION DATA

Position(s) desired or area(s) of interest: 1. 2. 3.	Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Wage requirement \$ _____ <input type="checkbox"/> Hrly. <input type="checkbox"/> Wkly.
	Days available: _____	When could you start?
	If Part-time, what hours? From _____ to _____	Date _____

PERSONAL HISTORY

Were you ever employed by The Stop & Shop Supermarket Company / Purity Supreme, Inc.? Yes No
 Dates employed _____ Location _____

Have you ever filed an application here before? Yes No If yes, date _____

If you are under 18, can you furnish a work permit? Yes No

How were you referred to The Stop & Shop Supermarket Company? (Identify source)

Employment agency _____ Company employee _____

Newspaper or other publication _____ Other _____

Have you ever been convicted of a criminal offense within the last five (5) years or ever been convicted of a criminal offense for which your period of incarceration ended within the past five years?

Note: You may answer "No" if any of the following circumstances are applicable:

- You have a first conviction for any of the following misdemeanors: Drunkenness, Simple Assault, Speeding, Minor Traffic Violations, Affray, or Disturbance of the Peace.
- You have felony or misdemeanor convictions which have been annulled or sealed by a court.
- You have juvenile delinquency complaints or child in need of service complaints which were not transferred to Superior Court for prosecution.

Yes No If yes, please explain _____

EDUCATION HISTORY

Name and Location of School	Years Completed	Degree	Major Subject Minor Subject
(High School)			
(Jr. College-Vocational School)			
(College-University)			
(Graduate School)			
(Other)			

SKILL INFORMATION (Complete if applicable)

If you have any of the specific job skills listed below, please check. Use the space given for any additional job skill(s) you possess.

<input type="checkbox"/> Adding Machine/Calculator	<input type="checkbox"/> HVAC	<input type="checkbox"/> Data Entry _____ (Strokes/Machine Type)
<input type="checkbox"/> Typing _____ (WPM)	<input type="checkbox"/> Electrical	<input type="checkbox"/> Other(s) (Specify) _____
<input type="checkbox"/> Computer _____ (Software)	<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Foreign Languages: (Give only those in which you are fluent.)

EMPLOYMENT HISTORY

(Begin with most recent or present employer)

Give all information requested below, even if duplicated on your resume. If your earnings on previous jobs were on a commission or other basis estimate them on a weekly basis. You may also include in this Employment History any verified work performed on a volunteer basis.

Company Name	Tel. No.	Dates Employed From _____ to _____	Job Title
Address		Starting Wage	Last Wage
Supervisor's Name and Title		Bonus	Reason for Leaving

Indicate here how you spent your time between Job 1 and Job 2 (if appropriate): _____

Company Name	Tel. No.	Dates Employed From _____ to _____	Job Title
Address		Starting Wage	Last Wage
Supervisor's Name and Title		Bonus	Reason for Leaving

Indicate here how you spent your time between Job 2 and Job 3 (if appropriate): _____

Company Name	Tel. No.	Dates Employed From _____ to _____	Job Title
Address		Starting Wage	Last Wage
Supervisor's Name and Title		Bonus	Reason for Leaving

PHARMACISTS ONLY SECTION:

Are you a registered pharmacist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever appeared before any pharmacy board for violation of any pharmacy codes ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, list states and license numbers: _____ _____ _____	Have all required continuing education credits been fulfilled?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature: _____	

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

REFERENCES

Please provide the names of three persons not related to you whom we may contact for work references. The Stop & Shop Supermarket Company reserves the right to contact other individuals for references as well.

Name	Address	Occupation	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

READ BEFORE SIGNING

I understand that any offer of employment may be conditional on the results of a physical examination and/or drug and/or alcohol screening test by a physician and/or laboratory designated by The Stop & Shop Supermarket Company. I also understand that any job offer will be contingent upon satisfactory references. I further understand that The Stop & Shop Supermarket Company does not normally solicit the services of outside agencies to investigate and report on character, general reputation, personal characteristics and the like with respect to applications submitted by persons being considered for employment. However, I also understand that in individual cases The Stop & Shop Supermarket Company may elect to do so and that this statement has been included in my application for employment to inform me in this regard. I acknowledge that I have been advised that I have a right to request in writing information concerning the nature and scope of any such investigation. I hereby release all persons, firms, schools, organizations and/or corporations furnishing references or other information concerning me from liability. I also release The Stop & Shop Supermarket Company from any liability which might result from requesting such information.

I further understand that any misleading or incorrect information, misrepresentation, or omission of facts may render this application void or may be cause for immediate dismissal whenever discovered and that the issuance of this application blank does not necessarily indicate that there are positions open at present. I certify that the statements made on this application are true, complete and correct and further agree that such statements may be investigated. I also recognize that The Stop & Shop Supermarket Company policies, rules, benefit plans, and procedures may be modified or amended at any time at the discretion of The Stop & Shop Supermarket Company.

If employed, I agree to conform to the rules and regulations of The Stop & Shop Supermarket Company and my employment and compensation can be terminated with or without cause, and with or without notice, at any such time at the option of The Stop & Shop Supermarket Company or myself. I understand that no representative of The Stop & Shop Supermarket Company other than the authorized officers have any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. Any such agreement made by an authorized officer must be in writing.

I further understand that if and while I am employed in a position covered by a collective bargaining agreement between The Stop & Shop Supermarket Company and a collective bargaining representative, the terms and conditions of my employment shall be subject to such collective bargaining agreement to the extent they differ from any provisions of this application.

Applicant's Signature: _____ Date: _____

Interviewer's Signature: _____ Date: _____