



piggly wiggly

Notice to Applicant:

It is the policy of Piggly Wiggly to provide equal employment opportunity in all phases of employment to all persons in compliance with applicable federal and state laws, rules and regulations.

(Application must be completed by Applicant only. Please Print)

Position Applied For: _____ Date: _____

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Social Security No. _____ Phone No. _____

Are you under the age of 18? Yes No If yes, date of birth _____

Have you ever been employed by Piggly Wiggly? Yes No Dates _____

Have you ever applied here? Yes No Dates _____

Have you ever been employed at any other retail grocery store or food distribution warehouse? Yes No

If so, give name and address _____

Dates Employed _____ to _____

Are you presently on Lay-Off and subject to recall with another company? Yes No

What type of hours of work are you seeking? Full Time Part Time (less than 25 hours per week)

When will you be available to begin work if employed? _____

Are you available to work overtime, nights and/or on weekends?

Are you a military veteran of the United States? Yes No Branch _____

Have you been convicted of a felony or any crime of theft or dishonesty within the last 10 years? Yes No

If yes, explain the number, nature and date(s) of conviction(s) and any sentence(s). _____

SKILLS

List special skills, apprenticeships, equipment training, or other qualifications acquired:

REFERENCES

List name, phone numbers, and addresses of persons not related to you; whom you know well.

1. _____
2. _____
3. _____

Do you have any friends or relatives that work here? Yes No If yes, list name(s) and relationship:

EMPLOYMENT EXPERIENCE	Briefly list work performed	From _____ to _____ Date Date
Present Employer _____	_____	_____
Address _____	_____	Weekly rate of pay _____
_____	_____	Starting _____ Ending _____
Type of business _____	_____	Supervisor's Name: _____
Reason for leaving: _____	_____	_____
_____	_____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer _____	Briefly list work performed	From _____ to _____ Date Date
Address _____	_____	Weekly rate of pay _____
_____	_____	Starting _____ Ending _____
Type of business _____	_____	Supervisor's Name: _____
Reason for leaving: _____	_____	_____
_____	_____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer _____	Briefly list work performed	From _____ to _____ Date Date
Address _____	_____	Weekly rate of pay _____
_____	_____	Starting _____ Ending _____
Type of business _____	_____	Supervisor's Name: _____
Reason for leaving: _____	_____	_____
_____	_____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION				
	Circle Last Year Completed	Name & Location Of School	Did You Graduate?	Degree, Diploma or Certificate Received
Grade School	1 2 3 4 5 6 7 8		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate	1 2		<input type="checkbox"/> Yes <input type="checkbox"/> No	

AGREEMENT

The information contained in this application is true to the best of my knowledge and belief and I understand and agree that any misrepresentation or false statement by me in connection with the application may lead to the termination of my employment.

I hereby authorize investigation of all statements contained in this application and consent for Piggly Wiggly to contact my former employers and references and release such individuals, organizations, and Piggly Wiggly from any and all liability for any claim or damage resulting therefrom. I understand that if hired, I will be required to work any additional hours my supervisor may request. I understand that Piggly Wiggly may require a medical examination and/or inquiry after making an offer of employment and may condition the offer of employment on the results of such examination and/or inquiry. I also understand that Piggly Wiggly may require that I submit to a medical examination and/or inquiry that is job-related and consistent with business necessity. I agree to consent to such examinations. I also agree to submit to a pre-employment test for the presence of illegal drugs and to comply with the Company's substance abuse policy which may require additional testing for illegal drugs and/or alcohol.

I understand that my employment is for no definite period and may, regardless of the date of payment of my wages & salary, be terminated at any time without any previous notice. I further understand that my employment will be terminated if that employment poses a direct threat to the health or safety of myself or any other individual in the workplace which a reasonable accommodation will not eliminate. Only the president of the company has authority to enter into any agreement for employment with me for any specific period of time and that such an agreement must be in writing and signed by the president, and that all other statements, oral or written, to the contrary are of no force and effect.

Signature

Date