



EMPLOYMENT APPLICATION

Brookshire Grocery Company is an Equal Opportunity Employer

PERSONAL INFORMATION

Please print and complete all spaces on the form.

DATE _____

NAME _____
LAST
FIRST
MIDDLE

ADDRESS _____
STREET
CITY
STATE
ZIP

MOBILE PHONE _____ ALTERNATE PHONE _____ EXPECTED RATE OF PAY _____

Age (Please check appropriate box) 15 or under 16-17 18 and over If under 18, please give date of birth _____

Upon employment, can you provide documentation verifying your identity and valid proof that you are a U.S. citizen, permanent resident or foreign national with authorization to work in the United States? Yes No

Have you ever been discharged or disciplined by an employer for theft, harassment, retaliation, discrimination, disruptive behavior, using or possessing a weapon on company premises, using or possessing illegal drugs and/or illegal substances, or for any other inappropriate conduct? Yes No If yes, please explain _____

Have you ever been convicted or pled guilty, no contest, or received deferred adjudication or probation for any criminal offense other than for a minor traffic violation? Yes No If yes, please give dates & details _____

Tell us why you would like to work for us _____

Please list any special qualities, skills, attributes, and/or accomplishments you possess _____

Are you bilingual? Yes No If yes, what language(s) do you speak other than English? _____

Position or Area of Interest (Please check all that apply)

- Bakery Cashier Stocker Fuel Center Deli/Food Service Transportation Manufacturing Warehouse
 Market Produce Pharmacy Frozen/Dairy Courtesy/Utility Clerk Facility Services Administrative Office

PLEASE LIST HOURS OF AVAILABILITY

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To
AM														
PM														

If hired, when would you be able to start work? _____

I am available to work (Please check all that apply) Holidays Nights Weekends Variable Shifts Rotating Shifts

Have you been employed with us before? Yes No If yes, list when, where, and supervisors name below _____

Do you currently have any relatives working for us? Yes No If yes, list who and where below _____

EDUCATION

	NAME & LOCATION	YEARS COMPLETED	DIPLOMA/DEGREE RECEIVED
High School			
College/University			
Technical School			
Certifications and/or Special Training			

WORK HISTORY

Please list your most recent employment history, beginning with your current employer (if employed). Please be prepared to explain any gaps in your work history.

EMPLOYER	CITY	STATE	PHONE
DATES OF EMPLOYMENT (From — To)	LAST POSITION	SUPERVISOR NAME	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
ENDING PAY	REASON FOR LEAVING		
What did you like most about the position? _____			
What did you like least about the position? _____			
Job Duties _____			

EMPLOYER	CITY	STATE	PHONE
DATES OF EMPLOYMENT (From — To)	LAST POSITION	SUPERVISOR NAME	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
ENDING PAY	REASON FOR LEAVING		
What did you like most about the position? _____			
What did you like least about the position? _____			
Job Duties _____			

EMPLOYER	CITY	STATE	PHONE
DATES OF EMPLOYMENT (From — To)	LAST POSITION	SUPERVISOR NAME	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
ENDING PAY	REASON FOR LEAVING		
What did you like most about the position? _____			
What did you like least about the position? _____			
Job Duties _____			

REFERENCES

Please list the names and phone numbers of three references (excluding relatives) we may contact.

1.	NAME	PHONE
2.	NAME	PHONE
3.	NAME	PHONE

I certify that the information contained in this application or provided by me is true and complete to the best of my knowledge, and understand that false statements or omissions made on the application or during the interview process are grounds for dismissal from employment, regardless of when discovered. I acknowledge that any information provided on this application that is not specifically requested or does not directly respond to a question will not be considered for employment purposes. I understand this application does not constitute a contract for employment and if I am hired, that my employment can be terminated with or without cause or notice at the discretion of myself or Brookshire Grocery Company.

By signing this application, I hereby release Brookshire Grocery Company, its directors, officers, employees and/or agents from all liability for damages of any kind that may result from them obtaining information about my employment history, education, criminal conviction record, credit history, driving or motor vehicle records, licensing or certification record for use in connection with my potential employment.

I understand that Brookshire Grocery Company believes in operating a drug-and alcohol-free workplace, and all offers of employment are conditional upon successfully passing a drug and/or alcohol test. Continued employment thereafter is also conditional upon successfully passing a drug and/or alcohol test whenever requested by the Company. I hereby release Brookshire Grocery Company, its officers, agents, and employees from any claims or liability arising out of or related to the enforcement of its Alcohol and Drug Abuse policy, including but not limited to, all claims for injuries to my person or damage to my reputation resulting from drug and alcohol testing and searches or the release of information concerning such testing or searches.

I understand that a photocopy of this authorization shall have the same force and effect as the original.

SIGNATURE	DATE
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NOTE: THE CONSENT OF A PARENT OR LEGAL GUARDIAN IS REQUIRED IF ABOVE APPLICANT IS UNDER 18 YEARS OF AGE.

I hereby certify that I have the legal authority to act on behalf of this applicant. I have read and understand the above information, and by my signature agree and consent on behalf of the applicant to these statements, including, but not limited to, releases and the right of the Company to test the applicant for drug and alcohol use.

PARENT OR GUARDIAN SIGNATURE	DATE
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