GELSON'S
THE Super MARKET

GELSON'S MARKET EMPLOYMENT APPLICATION

An Equal Opportunity Employer

P.O. Box 512256
Los Angeles, CA 90051-0256

Gelson's Markets (the Company) complies in full with all applicable federal, state, and municipal laws, statutes, and regulations which prohibit discrimination in hiring or employment on the basis of race, color, creed, sex, marital status, age, national origin or ancestry, physical or mental disability, medical condition, sexual orientation, veteran's status, or any other unlawful consideration. Each application is given careful consideration but completion of this application does not imply that the applicant will be interviewed or employed.

Please type or print in ink and answer applicable questions fully and accurately. **DATE** _____

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	DRIVERS LIC. NO.

STREET ADDRESS	CITY	STATE / ZIPCODE	NUMBER OF YEARS AT THIS ADDRESS

TELEPHONE NUMBERS	MESSAGE PHONE	EMAIL ADDRESS
Work: ( ) Home: ( )	( )	

OTHER NAMES UNDER WHICH YOU HAVE WORKED	POSITION DESIRED	SALARY DESIRED	AVAILABLE START DATE
		$	

TYPE EMPLOYMENT DESIRED
☐ Full-Time ☐ Regular
☐ Part-Time ☐ Temporary

PLEASE LIST HOURS OF AVAILABILITY

MON	TUE	WED	THUR	FRI	SAT	SUN

GENERAL INFORMATION

Note: All employment offers are conditional upon providing satisfactory proof of the right to work in the United States after employment.

Can you, after employment, submit verification of your legal right to work in the U.S.? ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No If no, can you obtain a work permit? ☐ Yes ☐ No

Can you, after employment, submit legal proof of age? ☐ Yes ☐ No

If at any time your job requires it, can you travel locally between Company location or to other sites for Company business? ☐ Yes ☐ No

If no, please explain: _____

Do you have any obligations that would prevent you from working consistently? ☐ Yes ☐ No Working overtime? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been convicted of a felony or misdemeanor other than traffic or parking violations? ☐ Yes ☐ No

If yes, please explain: _____

Note: in answering the above questions, you need not disclose marijuana possession or marijuana use convictions that are more than two years old.

Do you have transportation that will enable you to get to work during your scheduled hours? ☐ Yes ☐ No

Have you ever applied for employment at this Company or Arden-Mayfair, Inc. or any of its divisions or subsidiaries? ☐ Yes ☐ No

Have you ever been employed at this Company or Arden-Mayfair, Inc. or any of its divisions or subsidiaries? ☐ Yes ☐ No

If yes to either of the above, list dates and locations: _____

Do you have any relatives or friends working for this Company or Arden-Mayfair, Inc. or any of its divisions or subsidiaries? ☐ Yes ☐ No

If yes, give names: _____ Relationship _____

Referral Source: ☐ Ad ☐ Website ☐ Friend _____ ☐ Relative _____ ☐ Walk-in ☐ Other _____

If presently employed, why do you wish to change positions? _____

Please describe in your own words why you believe you qualify for the position for which you are applying. Include related personal characteristics skills, etc.

SKILLS AND SPECIAL QUALIFICATIONS

	Yes	No		Yes	No	List Programs / Applications & Equipment
Cash Register - Computer			Personal Computer			
Cash Register - Scanner			Word Processing			
Adding Machine			Spread Sheet			
Touch			Database			
			Programming			
			Other			
Forklift Truck			Management Information Systems			
Truck & Trailer			Data Entry			
License Class ( )			Programming			
Years Experience ( )			Operations			

Other Skills & Qualifications

EDUCATION

EDUCATIONAL LEVEL	INSTITUTION NAME	CITY / STATE	CIRCLE LAST YEAR COMPLETED	MAJOR / DEGREE
Elementary				
High School			6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐	
Junior College			1 ☐ 2 ☐	
College / University			1 ☐ 2 ☐ 3 ☐ 4 ☐	
Graduate School			1 ☐ 2 ☐ 3 ☐ 4 ☐	
Trade / Vocational School			1 ☐ 2 ☐ 3 ☐ 4 ☐	

List any other studies or training you have pursued, including vocational training, adult education, or U.S. military training:

(Complete reverse side - Page 2)

APPLICANT: PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM

An employer may make certain pre-employment inquiries in order to comply with applicable federal guidelines and regulations. Such inquiries are separated from your application and are considered confidential. **This information is to be used for research and statistical purposes. It is not used as a basis for any employment decisions.**

The following information is submitted on a **VOLUNTARY BASIS** and is **ANONYMOUS**.
Please check or complete as appropriate:

Referral Source:
- ☐ Ad
- ☐ Website
- ☐ Friend
- ☐ Relative
- ☐ Walk-in
- ☐ Other (explain)

_____

Ethnicity; Sex; Mental or Physical Disability; Veteran Status & Veteran's Disability:
- ☐ American Indian or Alaska Native (not Hispanic of Latino)
- ☐ Asian (not Hispanic or Latino) White (not Hispanic or Latino)
- ☐ Black or African American (not Hispanic or Latino)
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- ☐ White (not Hispanic or Latino)
- ☐ Two or more races (not Hispanic or Latino)

- ☐ Male
- ☐ Female
- ☐ Mental Disability
- ☐ Physical Disability
- ☐ Vietnam Era Veteran
- ☐ Disabled Veteran

_____ Percent Disability
(per VA Certification)

Date _____ **Position Desired** _____

EXPERIENCE

List all employment, INCLUDING U.S. MILITARY SERVICE, for the last ten years, STARTING WITH THE MOST RECENT POSITION. You must account for all time. If you were unemployed for any period state the nature of your activities during that time. COMPLETE THIS SECTION CAREFULLY. USE ADDITIONAL PAPER IF NECESSARY.

MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐ Yes ☐ No

DATE FROM: DATE TO: | | | |	COMPANY NAME		JOB DUTIES
FINAL RATE $ Per	STREET ADDRESS		
HOURS PER WEEK	CITY AND STATE	ZIP	
JOB TITLE	NAME OF SUPERVISOR	PHONE NUMBER ( )	REASON FOR LEAVING
DATE FROM: DATE TO: | | | |	COMPANY NAME		JOB DUTIES
FINAL RATE $ Per	STREET ADDRESS		
HOURS PER WEEK	CITY AND STATE	ZIP	
JOB TITLE	NAME OF SUPERVISOR	PHONE NUMBER ( )	REASON FOR LEAVING
DATE FROM: DATE TO: | | | |	COMPANY NAME		JOB DUTIES
FINAL RATE $ Per	STREET ADDRESS		
HOURS PER WEEK	CITY AND STATE	ZIP	
JOB TITLE	NAME OF SUPERVISOR	PHONE NUMBER ( )	REASON FOR LEAVING
DATE FROM: DATE TO: | | | |	COMPANY NAME		JOB DUTIES
FINAL RATE $ Per	STREET ADDRESS		
HOURS PER WEEK	CITY AND STATE	ZIP	
JOB TITLE	NAME OF SUPERVISOR	PHONE NUMBER ( )	REASON FOR LEAVING

PERSONAL REFERENCES

Give names, addresses and telephone numbers (preferably daytime) of three references who are **NOT** related to you and are **NOT** previous employers:

IMPORTANT - READ THE FOLLOWING

I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I have no objection to making application for security clearance, if necessary, signing an employee agreement on confidential information and inventions, or taking a physical examination. I understand that, if I am offered employment with the Company, my employment with the Company may be contingent upon my successful completion of a physical examination.

I hereby authorize the Company to make any investigation of my background deemed necessary. My prior employers, educational institutions, and other references listed on this application are authorized to give the Company any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all persons or entities from all liability from any damage that may result from furnishing information to the Company. I also release the Company and all of its employees from all liability for any damage that may result from the Company's reliance on the information furnished.

In consideration for my employment, I agree to conform to the rules and regulations of the Company. I further agree that, unless I am employed pursuant to a collective bargaining agreement, my employment with the Company is "at-will." This means that employment may be terminated with or without cause or notice at any time, at the option of either myself or the Company. Such at-will relationship will remain in effect throughout my employment with the Company, unless I am employed pursuant to a collective bargaining agreement or unless the at-will status is specifically modified by an express written agreement executed by myself and an authorized officer of the Company. Such at-will employment relationship supersedes any prior employment relationship and may be modified by any oral or implied representation or agreement, including any such representation or agreement made before, at the time of, or after the execution of this agreement.

Post Hire: The Personnel Department will use the Social Security Number Verification System (SSNVS) for all new hires to verify that the name & social security numbers provided by the employee match and are correct.

I have read and fully understand the foregoing statements.

SIGNATURE _____ **DATE** _____

Your application will be processed as soon as possible. Your complete application will be active for six months.