



## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

NAME (LAST, FIRST, MIDDLE)		AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		SOCIAL SECURITY NO.	
PRESENT STREET ADDRESS				TELEPHONE (Include Area Code)	
CITY		STATE	ZIP CODE	HOW LONG AT THIS ADDRESS?	
PREVIOUS ADDRESS (Street, City, State)				HOW LONG AT THIS ADDRESS?	
EMPLOYMENT DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> EITHER		SHIFT DESIRED		STORE LOCATION	
POSITION		WILL YOU WORK NIGHTS/WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE ADEQUATE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU EVER WORKED FOR BREAD BOX FOOD STORES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN?	
WHERE?		IF YES, GIVE REASON FOR LEAVING		DATE LEFT	
WHO WAS YOUR SUPERVISOR OR MANAGER?					
STATE ANY PHYSICAL DEFECTS WHICH YOU FEEL MAY REQUIRE AN ACCOMMODATION					
IF NOT A U.S. CITIZEN OR PERMANENT RESIDENT, WHAT TYPE OF VISA DO YOU HAVE?		VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LICENSE NO.	STATE ISSUED    DATE EXPIRES
UNITED STATES MILITARY BRANCH		TOTAL LENGTH OF ACTIVE SERVICE		HIGHEST RANK OR RATING ATTAINED	
MAJOR DUTIES					
HAVE YOU EVER BEEN CONVICTED OF A CRIME? (A conviction will not necessarily be a bar to employment) <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, STATE NAME OF COURT, NATURE OF OFFENSE AND DISPOSITION OF CASE			
DO YOU HAVE ANY RELATIVES WORKING FOR BREAD BOX FOOD STORES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, STATE NAME		RELATIONSHIP	
ARE YOU EMPLOYED AT THE PRESENT TIME?					
<b>ANSWERING "YES" TO QUESTIONS IN THIS SECTION DOES NOT AUTOMATICALLY EXCLUDE YOU FROM EMPLOYMENT CONSIDERATION.</b>					
STORE EMPLOYEES ARE REQUIRED TO STAND A MAJOR PORTION OF THE WORK DAY. Do you have any restriction that would limit or prevent you from doing so?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN	
STORE EMPLOYEES ARE REQUIRED TO DO CONSIDERABLE AMOUNTS OF CARRYING AND LIFTING OF MERCHANDISE Do you have any restriction that would limit or prevent you from performing these duties?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN	
STORE EMPLOYEES ARE REQUIRED TO CLEAN, DUST AND SWEEP THE FACILITIES DAILY. Do you have any restriction that would limit or prevent you from performing these duties?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN	

EDUCATION CIRCLE HIGHEST GRADE COMPLETED IN SCHOOL HIGH SCHOOL    9    10    11    12    GED    COLLEGE    1    2    3    4    OTHER	SPECIAL TRAINING/CERTIFICATION
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**EMPLOYMENT HISTORY, BEGINNING WITH THE MOST RECENT (include part time and summer experience):**

COMPANY NAME AND ADDRESS	DATES WORKED FROM MO/YR TO MO/YR	JOB TITLE	SALARY	REASON FOR LEAVING	NAME AND TITLE OF SUPERVISOR		
1.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; height: 20px;"> </td> <td style="width:50%; height: 20px;"> </td> </tr> </table>			BEGINNING	BEGINNING		
	PHONE NO.	ENDING	ENDING				
DESCRIPTION OF DUTIES							
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	PHONE NO.	ENDING	ENDING				
DESCRIPTION OF DUTIES							
IF YOU ARE PRESENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO							

I understand that an investigative consumer report may be made whereby information is obtained through personal or telephone interviews with third parties, such as former employers, family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted concerning information as to my character, general reputation, personal characteristics and mode of living as the Company may determine necessary, and I consent to and authorize any person to furnish such information for such report. I further understand that I may request in writing a complete and accurate disclosure of the nature and scope of the investigation request. I further declare that all information furnished in this application, signed and dated by me on this date, is true to the best of my information and belief and that any willful misrepresentation herein shall be sufficient cause for termination.

Applicant's Signature \_\_\_\_\_  
 (SIGNATURE OF APPLICANT AS IT APPEARS ON SOCIAL SECURITY CARD)

I hereby authorize the chief of Police and/or any member of the local police department in any areas where I have lived and/or worked, or any other concerned law enforcement agency, to furnish any information concerning any criminal conviction(s) concerning me that they have on record. I hereby release the Chief of Police and/or any and all members of the police department and any other law enforcement agency wherever situated, from any and all liability resulting from the furnishing of this information.

Applicant's Signature \_\_\_\_\_  
 (SIGNATURE OF APPLICANT AS IT APPEARS ON SOCIAL SECURITY CARD)

I understand the company maintains a policy of a drug-free workplace, and that all job applicants will be drug tested. I consent and agree to a policy of random drug testing as a condition of my employment. I further agree to abide by the results of the drug test when administered by an authorized agent, thereof in absence of fraud, regardless of the outcome.

Applicant's Signature \_\_\_\_\_  
 (SIGNATURE OF APPLICANT AS IT APPEARS ON SOCIAL SECURITY CARD)

I understand that nothing herein shall be deemed to create any contract of employment between me and the company, and that if I am employed as a result of this application, or otherwise, such employment shall be terminable at will, with or without notice, by me or the Company.

Applicant's Signature \_\_\_\_\_  
 (SIGNATURE OF APPLICANT AS IT APPEARS ON SOCIAL SECURITY CARD)

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_  
 (CITY, STATE)