APPLICATION FOR EMPLOYMENT

Position Applied for:	Date of Application:

SK SUPER KING MARKETS

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Home Phone Number:
Present Street Address	City	State Zip Code	Cell Phone Number:

Can you perform the essential functions of the position for which you are applying? If no, please explain. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)	Yes _	No _
If hired, can you present evidence of your legal right to work in the United States?	Yes	No
Are you at least age 18? (Proof of age and work permits may be required prior to hiring)	Yes _	No
Do you have a reliable means of transportation to and from work?	Yes	No
Have you ever worked for Super King Markets before? If yes, indicate Year: Location:	Yes	No
How did you hear about Super King Markets?		
Do you have any relatives working for Super King Markets? If yes, provide names(s) and relationship.	Yes	No

GENERAL INFORMATION

Date available to start: / /	Regular Full-time	Regular Part-time

Days and hours available to work.

Write in available hours for each day.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To:							

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for misdemeanor marijuana-related offenses that are more than two years old need not be listed.) If yes, indicate nature of the crime(s), when and where convicted, and disposition of the case.	Yes	No

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

EDUCATION

	Name of School / College	City where school is located.	Number of Years Completed	Course or Major	Grade Point Avg.
High School					
College/University					
Other					

EMPLOYMENT / WORK EXPERIENCE

Please list all of your jobs in the past five years. (If applicable, you may list work performed on a voluntary basis. If additional pages are needed, please attach.)

Company Name (Present or most recent employer)	Address	Telephone Number

Employed (Month and Year)		Rate of Pay		Average Number of Hours Worked Per Week:	
From:	To:	Start:	Ending:		

Position(s) Held:	Supervisor's Name:	Position:

Describe all of your significant duties:

May we contact this employer?	Yes	No

Reason for leaving:

EMPLOYMENT / WORK EXPERIENCE (Continued)

Company Name	Address	Telephone Number

Employed (Month and Year)		Rate of Pay		Average Number of Hours Worked Per Week:	
From:	To:	Start:	Ending:		

Position(s) Held:	Supervisor's Name:	Position:

Describe all of your significant duties:

May we contact this employer?	Yes	No

Reason for leaving:

Company Name	Address	Telephone Number

Employed (Month and Year)		Rate of Pay		Average Number of Hours Worked Per Week:	
From:	To:	Start:	Ending:		

Position(s) Held:	Supervisor's Name:	Position:

Describe all of your significant duties:

May we contact this employer?	Yes	No

Reason for leaving:

Please identify and explain all periods of unemployment during the last five years:

From:		Reason for Unemployment:
From:		Reason for Unemployment:

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than the President of the Company, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the President of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the President of the Company and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral, written or collateral agreements regarding this issue.

I understand that all offers of employment are conditioned on the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test; the receipt of satisfactory responses to reference requests, and the satisfactory proof of an applicant's identity and legal authority to work in the United States.

Signature of Applicant _____ Date _____

THIS APPLICATION IS VALID ONLY FOR 30 DAYS FROM THE DATE SIGNED/DATED ABOVE

This Company is an equal opportunity employer. This Company does not discriminate on the basis of race, color, religion, sex, national origin, age, disability or any other characteristic protected by applicable state or federal civil rights laws.