



48661 National Road
 St. Clairsville, OH 43950
 (740) 695-7050

Employment Application

"We are an Equal Opportunity Employer"

(Note: If you feel that your civil rights would be violated by answering a question on this form, please omit the answer to that question.)

Date _____

Name _____
Last First Middle

Address _____ Phone () _____
Street City State Zip

Type of position desired _____ Full Time Part Time Temporary

Please insert the times on each day you would be available for work.

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

How soon would you be available for work? _____ Salary required? _____

How long have you been a resident of county? _____

Are you 16 or older? _____ Are you 18 or older? _____

Are you a U.S. citizen or do you have a legal right & necessary documents to work in the U.S.? _____

Have you ever been convicted of a crime? Yes No If yes, please explain _____

EDUCATION

Type of School	Name & Address of Schools	Last year completed				Graduate?	
		5	6	7	8	Yes	No
Grade School							
High School		1	2	3	4	Yes	No
College		1	2	3	4		
Business/Trade School		1	2	3	4		
Special Training		1	2	3	4		

EMPLOYMENT EXPERIENCE/WORK HISTORY

Start with your present or last employer. If you need more space, use an extra sheet of paper. If summer or part-time work, please indicate. If you were employed under a maiden or any other name, please indicate that name by the employer.

Omit military service history – Give present or most recent position first. Information must be complete and accurate.

Name of employer	Type of Business Supervisor/title	
Address Phone No.	Job Title & Duties Date of Leaving	Starting Date
City State Zip	Starting pay Reason for leaving	Pay at leaving

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Have you ever been employed by this company before? Yes No If yes, dates employed _____
 Have you ever been discharged from any position? Yes No If yes, explain _____

Is this a complete list of your employment? Yes No
 Are we granted permission to check all information? Yes No
 May we request a reference from your present employer? Yes No
 Indicate any of the above employers whom you **do not** wish us to contact. _____

We are an equal opportunity company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, age, sex, religion, national origin, marital status, or handicap.

I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal in accordance with this company's policy. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I agree to undergo a character investigation and I agree to take an honesty verification test in accordance with State and Federal laws upon reasonable suspicion of any and all discrepancies involving my work. I understand that no representative of the company except the President has the authority to enter into any agreement for employment for any specified period of time, nor am I obligated to work for the company for any specified period of time. The President's agreement must be in writing

Signature _____ Date _____

Note: This application will be kept current for six months. You need to complete another to be considered after this date.

RELEASE AUTHORIZATION

To:	_____
Address:	_____

Telephone:	_____

I, the undersigned hereby grant permission to all my former employers to receive from, complete and return to Riesbeck Food Markets, Inc., 48661 National Road, St. Clairsville, Ohio 43950 an employment reference form as attached hereto. I also agree to release and hold harmless each former employer and its officers, agents, and employees who completes and returns said form from any claim, liability or action arising out of completion and return of said form.

Applicant's Signature _____ Date _____

Witness Signature _____ Date _____

Note: Former employer: Please keep this for your records in this former employee's file.

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