

APPLICATION FOR EMPLOYMENT

VMART LLC

Print All Information Clearly

Incomplete Applications will not be considered.

This company is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or other protected status in accordance with applicable federal and state EOE laws.

Date		Social Security #	
Last Name	First	Middle	Telephone
Address			Message Phone
City		Zip	How long have you lived at this address?
Have you ever worked for us before? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, when?
Have you ever filled out an application with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, when?
Position applied for	Are you prevented from lawfully selling packaged alcoholic beverages because of a felony conviction? Yes <input type="checkbox"/> No <input type="checkbox"/>		Can you perform the essential functions of the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of employment you are seeking: Full-Time Part-Time			Will you work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate any hours during which you cannot work			Date Available
Previous Address			Are you 21 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> Birth Date _____
List any friends and/or relatives who have worked for us Name _____ Relationship _____ Name _____ Relationship _____			
Name under which you served			What type of discharge?

EDUCATION

	School Name	Your name while attending	No. Years	Did you graduate? Year?
High School				
College				
Other				

List three (3) personal references along with their occupation and a phone number in which they can be reached. Each reference must have known you for at least one (1) year and must not be related to you.

Name	Occupation	Phone Number	Years Known

EMPLOYMENT HISTORY

#1 Company Name		Employed (month and year)
Address		From _____ To _____
City/State		Final hourly pay rate
Supervisor's name		Reason for leaving
Name under which you worked	Your job title	What did you DISLIKE about your job?
Type of business	Phone number	

#2 Company Name		Employed (month and year)
Address		From _____ To _____
City/State		Final hourly pay rate
Supervisor's name		Reason for leaving
Name under which you worked	Your job title	What did you DISLIKE about your job?
Type of business	Phone number	

#3 Company Name		Employed (month and year)
Address		From _____ To _____
City/State		Final hourly pay rate
Supervisor's name		Reason for leaving
Name under which you worked	Your job title	What did you DISLIKE about your job?
Type of business	Phone number	

All previous employers must be revealed! If necessary, include this information on another piece of paper. Have you disclosed ALL previous employers?		Yes <input type="checkbox"/> No <input type="checkbox"/>
We will contact the employers listed above unless you indicate those you do not want us to contact.		Do Not contact the following employers
		employer no. _____ reason _____

AUTHORIZATION FOR BACKGROUND CHECK AND DRUG TEST

I, _____ hereby authorize V MART LLC. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that VMART, LLC will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further. I also certify that the information in this application for employment and any other supplemental materials is true, correct, and complete and that any misstatement or omission of fact on this written application will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications. Furthermore, I understand that I may be required to take a drug test.

Sign _____

Date _____