## MARKET DELI Application

Name:		Date:	Date:				
Phone Number:	Alterna	te Number:					
Email:	mail: IG/FB:						
Address:							
What days of the week an	d times are you available t	o work?					
Do you have another job? If yes, are you planning to	Circle one: Yes No continue working at your	current job?					
Have you ever been convicted of any violent crimes? Circle one: Yes No If yes, please explain.							
Have you ever been accused of burglary or theft? Circle one: Yes No If yes, please explain.							
Do you currently have a health certificate issued from Guam Public Health? Circle one: Yes No							
Work History:							
Please list your last 3 emp	loyers below.						
Company Name	Supervisor	Position	Dates Worked				

Sce	enarios:					
1.	In your last job what did you do when you were finished with your station? Would you clock out and go home? What if someone else is not finished with their station, what would you do?					
2.	2. The line is running behind. Your station is set, but 2 other stations are not set up yet. What would you do?					
3.	3. How many days did you call in sick at your old job?					
4.	How would you characterize yourself (check one)					
•						
•	Always 5 minutes late					
5.	On a scale of 1-10, how important is it to keep your station clean?					
	1 2 3 4 5 6 7 8 9 10  Not important Somewhat Important Very Important					
	Explain:					
6.	On a scale of 1-10, how important is it to work fast?					
	1 2 3 4 5 6 7 8 9 10					
	Not important Somewhat Important Very Important  Explain:					
7.	7. Name two things that you would have changed about your old job.					
8.	3. If you were to make one dish to impress your family, what would it be?					
9.	How would you define island hospitality?					

## Personal References:

Please list two.

Name	Relation	How Long Known	Contact Number