MARKET DELI Application

Name: _____ Date: _____

Phone Number: _____ Alternate Number: _____

Email: _____ IG/FB: _____

Address: _____

What days of the week and times are you available to work? _____

Do you have another job? Circle one: Yes No
If yes, are you planning to 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 employers below.

Company Name	Position	Supervisor	Dates Worked

Scenarios:

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. The line is running behind. Your station is set, but 2 other stations are not set up yet. What would you do?

3. How many days did you call in sick at your old job?

4. How would you characterize yourself (check one)

- Always on time ___
- 5 minutes early ___
- 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. Name two things that you would have changed about your old job.

8. 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