

# Allen's



## Employment Application

### An Equal Opportunity Employer

Allen's IGA is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

*Please print and fill out all sections*

## Applicant Information

Applicant Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Current Address:  
Number and street \_\_\_\_\_  
City \_\_\_\_\_  
State & Zip \_\_\_\_\_

How were you referred to Company?: \_\_\_\_\_

## Employment Positions

Position(s) applying for: \_\_\_\_\_

### Are you applying for:

- Temporary work – such as summer or holiday work? [ ] Y or [ ] N
- Regular part-time work? [ ] Y or [ ] N
- Regular full-time work? [ ] Y or [ ] N

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, when will you be available?  
\_\_\_\_\_

If hired, on what date can you start working? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Can you work on the weekends? [ ] Y or [ ] N

Can you work evenings? [ ] Y or [ ] N

Are you available to work overtime? [ ] Y or [ ] N

Salary desired: \$ \_\_\_\_\_

**Personal Information:**

Have you ever applied to / worked for Company before? [ ] Y or [ ] N

If yes, please explain (include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for Company? [ ] Y or [ ] N

If yes, state name & relationship: \_\_\_\_\_

If hired, would you have transportation to/from work? [ ] Y or [ ] N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) [ ] Y or [ ] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [ ] Y or [ ] N

If hired, are you willing to submit to and pass a controlled substance test? [ ] Y or [ ] N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [ ] Y or [ ] N

If no, describe the functions that cannot be performed

\_\_\_\_\_

*(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [ ] Y or [ ] N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

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

## **Education, Training and Experience**

### **High School:**

School name: \_\_\_\_\_  
School address: \_\_\_\_\_  
School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_  
Did you graduate? [ ] Y or [ ] N  
Degree / diploma earned: \_\_\_\_\_

### **College / University:**

School name: \_\_\_\_\_  
School address: \_\_\_\_\_  
School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_  
Did you graduate? [ ] Y or [ ] N  
Degree / diploma earned: \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?

[ ] Y or [ ] N

If yes, please explain \_\_\_\_\_

## **Employment History**

Are you currently employed? [ ] Y or [ ] N

If you are currently employed, may we contact your current employer? [ ] Y or [ ] N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Business Type:[ \_\_\_\_\_]  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N

**References**

List below two persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

**Please Read and Initial Each Paragraph, then Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

\_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

\_\_\_\_\_

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Pre-Hire / Post Conditional Offer Medical Questionnaire**

The Americans with Disabilities Act permits medical examinations and / or inquiries after an offer of employment has been extended and prior to the commencement of employment. Employment with Our Company is conditioned on successful completion of reference checks, past work history check, motor vehicle registration check, pre-hire drug testing and / or this Pre-hire / Post Conditional Offer Medical Questionnaire.

Prospective Employers Name \_\_\_\_\_

Prospective Employers Address \_\_\_\_\_

1. Your job with Our Company will require you to stand on your feet for long periods (up to 10 hours a day) of time on a concrete floor. Medically speaking, do you feel you could do this successfully and safely?

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2. Your job with Our Company will require you to lift heavy items infrequently (up to 50 pounds) and assist with the lifting of heavier items infrequently. Medically speaking, do you feel you could do this successfully and safely?

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3. Your job with Our Company will require you to bend and stoop frequently when performing some tasks. Medically speaking, do you feel you could do this successfully and safely?

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4. Your job with Our Company will require you to lift and work with items that are at or above head level. Medically speaking, do you feel you could do this successfully and safely?

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5. Your job with Our Company may require you to make repetitive motions with your arms and hands, on occasion. Medically speaking, do you feel you could do this successfully and safely?

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**Pursuant to Kentucky Statutes 342.165 the, no compensation shall be payable for work-related injuries if the employee at the time of entering the employment falsely represents, in writing, his physical condition or medical history. Furthermore, pursuant to Kentucky Revised Statute 342.355, no person shall knowingly file a false claim or make a misrepresentation to obtain workers' compensation. Any person who knowingly and with intent to defraud any insurance company or other person an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

**I have read and understood this form. I certify that I have provided truthful, accurate, and complete responses to every question on this form and that I will provide truthful, accurate, and complete responses to any further medical inquiries or examinations. I am aware any concealment or omission will result in denial of employment or in my immediate termination. I also understand failure to disclose any physical or mental abnormality, injury, or condition that will prevent me from successfully and safely performing my job, at this time or at anytime during the employment process is fraud. I also understand that this medical questionnaire and information may be used by First Responders, safety personnel and supervisors when determining accommodations, restrictions, or in analyzing workplace safety and injury issues.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date:** \_\_\_\_\_

