



Application for Employment
An Equal Opportunity Employer

Date ___/___/___

Personal Information

Social Security Number ___-___-___

Name: _____

Present Address: _____
(number / street / apt #.)

(city / state / zip code)

() - () -
(home phone number) (work phone number)

Position Desired: _____

Are you 18 years or older? [] YES [] NO

Are you either a U.S. Citizen or an Alien
authorized to work in the United States? [] YES [] NO

Are you employed now? [] YES [] NO

Who referred you to LaBonne's? [] State Job Service [] Newspaper Ad [] Friend
[] Employment Agency [] Walked In

Educational Experience

Name and School Number of Years Did you Graduate
High School [] 4 [] Yes
[] 3 [] No
[] 2
[] 1

College [] 4 [] Yes
[] 3 [] No
[] 2
[] 1

Trade or Business School [] 4 [] Yes
[] 3 [] No
[] 2
[] 1

Special Training or Skills _____



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Work Experience
Start with Current or Most Recent

Company Name _____
Address _____
(street address) (city) (state) (zip code)
Phone Number _____
Starting Date _____ Leaving Date _____
Name and Title of Supervisor _____
Description of Work _____
_____ Last Salary _____
Reason for Leaving _____

Company Name _____
Address _____
(street address) (city) (state) (zip code)
Phone Number _____
Starting Date _____ Leaving Date _____
Name and Title of Supervisor _____
Description of Work _____
_____ Last Salary _____
Reason for Leaving _____

Company Name _____
Address _____
(street address) (city) (state) (zip code)
Phone Number _____
Starting Date _____ Leaving Date _____
Name and Title of Supervisor _____
Description of Work _____
_____ Last Salary _____
Reason for Leaving _____



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Consent for Post Offer Drug and/or Alcohol Screening

I understand that if I am a qualified candidate for a job opening, I will be required to undergo a drug and/or alcohol screening with a subsequent negative result as a condition of employment. The signing of this form is my permission for LaBonne's Markets or its agent to take samples of my breath and perform and alcohol screening on such samples. Further, I give my consent for the release of the test results to authorized company management for appropriate review.

Signature: _____ Date _____

Witness: _____ Date _____

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the employers listed 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 understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Signature: _____ Date _____

Witness: _____ Date _____

For Interviewer's Use

Remarks as a result of interviews and further investigation: _____

Hire: Yes No Position: _____
Salary: _____ Working Hours: _____
Date to Report: ____/____/____