



THE NATURAL GROCERY COMPANY

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP CODE

PHONE NO.

CELL PHONE NO

EMAIL ADDRESS

ARE YOU 18 YEARS OR OLDER?

YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

YES

NO

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

HOURLY RATE DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

REFERRED BY?

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS/CERTIFICATES

US MILITARY SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

*THIS FORM HAS BEEN REVISED TO COMPLY WITH THE PROVISIONS OF THE AMERICAN WITH DISABILITIES ACT AND THE FINAL REGULATIONS AND INTERPRETIVE GUIDANCE PROMULGATED BY THE EEOC ON JULY 26, 1991

FORMER EMPLOYERS: PLEASE LIST BELOW, STARTING WITH LAST ONE FIRST.

PLEASE FILL OUT COMPLETELY, EVEN IF ATTACHING A RESUME

DATE		NAME & LOCATION OF EMPLOYER	PHONE NUMBER	POSITION	REASON FOR LEAVING
MO.	YR.				
FR.					
TO					
FR.					
TO					
FR.					
TO					
FR.					
TO					

WHICH OF THESE JOBS DID YOU LIKE MOST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM HAVE KNOWN YOU AT LEAST ONE YEAR.

MUST INCLUDE AT LEAST ONE PROFESSIONAL REFERENCE

	NAME	PHONE NUMBER EMAIL ADDRESS	BUSINESS	YEARS KNOWN
1				
2				
3				

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NUMBER

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE

SIGNATURE