

APPLICATION FOR EMPLOYMENT

Bob's Famous Foodmart 289 Park Street Stoughton, MA 02072 (781) 344-3666 email: jobs@bobsfamous.com

Bob's Famous FoodMart is an Equal Opportunity Employer. We consider applicants for without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For:	Location(s):
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Last Name:	First Name:	Middle Initial:
Address:	City:	State: Zip Code:
Phone Number(s):	Social Security #:	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date:

Have you ever been employed with us before? Yes No
If yes, give date:

Do any of your friends or relatives work here? Yes No
If yes, state name, relationship and location:

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status: Yes No
(Proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, explain:

Can you travel if a job requires it? Yes No

Date available for work:	What is your desired salary range:
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Please indicate shift: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Please indicate: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening Please indicate dates available:

EDUCATION AND TRAINING

School	Name & Address of School	Course of Study	# Years Completed	Diploma / Degree Earned
High School				
Undergraduate School				
Graduate / Professional				
Business or Vocation				

List Training, machines or equipment operated, office machines operated, personal computer skills, etc.

UNITED STATES MILITARY SERVICE

Branch of US Service _____ Final Rank _____

State your duties in the military, the skills you acquired, equipment you operated/serviced, and how it may contribute to a position with us

EMPLOYMENT HISTORY

Start with your present or last job and account for all periods including unemployment and military service. Use an additional sheet if necessary.

Employer:	Dates Employed		Work Performed
Address:	From	To	
Phone Number:			
Job Title:			
Supervisor:	Hourly Rate / Salary		
Reason for Leaving:	Starting	Final	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	

Employer:	Dates Employed		Work Performed
Address:	From	To	
Phone Number:			
Job Title:			
Supervisor:	Hourly Rate / Salary		
Reason for Leaving:	Starting	Final	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	

Employer:	Dates Employed		Work Performed
Address:	From	To	
Phone Number:			
Job Title:			
Supervisor:	Hourly Rate / Salary		
Reason for Leaving:	Starting	Final	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	

PROFESSIONAL REFERENCES

Name	Company	Position	Phone Number

APPLICANT'S STATEMENT

↓ Application must be signed and dated by applicant.

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I consent to completing all post-offer physical and drug screen requirements of the Company.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date