



RAMSEY'S PIGGLY WIGGLY

20118 Central Avenue West

Blountstown, FL 32424

(850) 674-5044, (850) 674-1600 fax

APPLICATION FOR EMPLOYMENT

THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION OR NATIONAL ORIGIN. PUBLIC LAW 90-202 PROHIBITS DISCRIMINATION OF AGE. THE LAWS OF SOME STATES PROHIBIT SOME OR ALL OF THE ABOVE MENTIONED TYPES OF DISCRIMINATIONS.

Date: _____

PERSONAL

Name: _____ Social Security No. _____
LAST FIRST MIDDLE INITIAL

Present Address: _____
NO. STREET CITY STATE ZIP

How many years have you lived at this address? _____ Telephone Number: () _____

Previous Address: _____ How long did you live there? _____
NO. STREET CITY STATE ZIP

Job(S) applied for: 1. _____ Rate of pay expected \$ _____ Per _____
2. _____ Rate of pay expected \$ _____ Per _____

Do you want to work Full-time _____ or Part-time _____ Specify days and hours if part-time: _____

Have you worked for us before? _____ If Yes, when? _____

List all relatives and/or close friends employed by our company.

Name	Relationship	Job Position

If hired, on what date will you be available to start work? _____

Do you have any prior work experience which you feel would help you if you were hired by the company?

If hired, do you have a reliable means of transportation to get to work? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? No _____ Yes _____

If Yes, describe in full: _____

Have you ever been convicted of driving while intoxicated or driving under the influence? No _____ Yes _____

If Yes, State and Date of conviction: _____

To the extent permitted by law, are you willing to take a drug or alcohol test upon request? No _____ Yes _____

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

Name: _____

Address: _____

Phone Number: _____

PERSONAL REFERENCES

Name and Occupation	Address	Phone Number
1.		
2.		
3.		

PRIOR WORK HISTORY (LIST IN ORDER. LAST OR PRESENT EMPLOYER FIRST.)

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To		Start	Finish		
					Phone No. () --	
Describe in detail the work you did.						

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Describe in detail the work you did.						

Can we contact the employers listed above? If not, indicate below which one(s) you do not wish us to contact.

UNEMPLOYMENT RECORD

****You must account for all periods of unemployment in the last five (5) years.**

List all lost time in excess of 30 days.

From	To	Reason	Did you receive unemployment compensation? (Yes/No)

I understand that this is an application and not a contract or a unilateral offer to enter into a contract of any kind between the undersigned and the employer. The use of this application form does not indicate that there are any positions open and does not in any way obligate this employer.

I understand that employment is conditional upon and I authorize you to make such investigations and inquire of any personal, employment, financial and other legally related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from any and all liabilities and responding to inquires in connection with my application.

I hereby certify that all of the information I have given on this application is true and complete and that there are no false statements or omissions contained in my response to the questions in this application. I understand that any false information or omissions whether made or omitted intentionally or written and later discovered, may be cause for refusal to hire me or for immediate dismissal without further notice.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from the employer, and if I still wish to be considered for employment, it will be necessary for me to fill out a new application.

Date: _____

Signature of Applicant: _____

Interview: Yes _____ **No** _____ **Date:** _____ **Hour:** _____

Acceptable for Employment? Yes _____ **No** _____

Starting Rate: _____ **Starting Date:** _____ **Shift:** _____

Occupation: _____ **Department:** _____ **Clock Number:** _____

Interviewed by: _____ **Employed by:** _____

Approved by: _____