

\*Important: please print clearly and answer all questions\*

Positio	n(s) ap	plied fo	r:						
□Full-T	ime/□P	art-Time	: If a fu	ll-time p	osition	is not ava	ailable v	would you	consider part-time? ☐ Yes ☐ No
*Circle	the day	s you are	<u>availabl</u>	e to work	and the	e hours yo	u can w	ork. *	
Day:	М	TU	W	TH	F	SA	SU		
From:									
То:									
<u>Name</u>	<u>:</u>								
(Last)			(First)		(Middle)				
<u>Home</u>	Addre	ess:				City:		State:	Zip code:
Previous Address:				City:		State:	Zip Code:		
<u>Social</u>	<u>Securi</u>	ity No.		<u>Ph</u>	one Nu	ımbers:	(Home	) -	(Cell) - (Work) -

- 1. Are you at least 18 years old? □YES/□NO
- 2. Do you have a work certificate from school? □YES/□NO
- 3. Have you ever been convicted of a crime? □YES/□NO
- 4. If you answered Yes to question three, please explain.



- 5. Have you ever been disciplined, suspended, discharged, or asked to resign from a job in connection with: a loss of money, merchandise, or equipment? □YES/□NO
- 6. Have you ever been disciplined or discharged for absenteeism or tardiness? □YES/□NO
- 7. Have you ever been disciplined or discharged for any other reason? □YES/□NO

>	Have you ever applied for employment with Unity Shop N Save before? □YES/□NO
>	If Yes, When?
>	How were you referred to us?
>	Do you have any relatives or friends currently employed with Unity Shop N Save?
	□YES/□NO
>	Have you ever been employed by a supermarket or its affiliate? $\Box YES/\Box NO$
>	If yes, When and Where?
>	Why did you leave?
>	Are you either a U.S. Citizen or an alien lawfully permitted to work in the United States?
	□YES/□NO

\*All new hires will be required to prove eligibility to work in the United States in accordance with Federal Law.



## **Employment History**

We would like to know about your employment history for the last ten years.

### **Current or Last Employer**

Company:	Address:	
Telephone No	Supervisor's Name & Title	
Position:	Dates Worked (From/To	o)
Job duties:		
Reason for Leaving:		
	Previous En	nployer
Company:	Address:	
Telephone No	Supervisor's Name & Title	
Position:	Dates Worked (From/To	o)
Job duties:		
Reason for Leaving:		



Compan	y:Address:
	ne No Supervisor's Name & Title
relepilo	
Position	: Dates Worked (From/To)
Job duti	es:
	for Leaving:
Compan	y:Address:
Compan	yAudi ess
Telepho	ne No Supervisor's Name & Title
Position	: Dates Worked (From/To)
rosition	Dates Worked (Hollif 10)
Job duti	es:
Reason	for Leaving:
Reason	ion zeaving.
•	May we contact all the employers listed above? □YES/□NO
•	If No, which ones should we not contact and why?



Thank you for your interest in working with Unity Shop N Save. At Unity Shop N Save, we are committed to providing a diverse environment that enables our associates to grow and develop while providing excellent service to our customers, enthusiastic support to our local communities, and great investment value for our shareholders. We achieve this by practicing the highest level of ethical, social, legal, and professional behavior.

Our retail supermarket environment offers a varied, team-orientated and fast-paced experience. We set standards of performance that helps us to achieve our commitments. We ask that you bring an enthusiasm and desire to learn and we will provide excellent training programs to help you further develop your skills and knowledge.

Our many varied positions in our retail stores provide pay and benefit packages that meet a variety of needs. If you share our values of great customer service and teamwork and want to become a part of a growing company where your good work efforts pay off, please complete this application today.



1.	Why are you interested in a job with us?					
2.	What starting wage do you expect to receive?					
3.	If hired, how long do you think you will work for Unity Shop N Save?					
	□ Less than 6 months					
	□ Less than 1 year					
	□Between 1-2 years					
	□More than 2 years					
4.	What is the LEAST number of hours per week that you can work?					
5.	What is the MOST number of hours per week that you can work?					
6.	Are you available to work overnight hours (9:00 PM to 6:00 AM)? □YES/□NO					
7.	What interests do you have outside of work that compliment your job skills?					



### **Educational Background**

High School Name:	Graduated: □YES/ □ NO		
Address:			
College Name:	_ Graduated: □ YES/□ NO		
Address:			
Course of Study/Major:		_ Degree	
Other School Attended:	_ Graduated: □YES/□ NO		
Address:			
Course of Study/Major:		_ Degree	
Certifications, Awards, or Recognitions received:			

<sup>\*</sup>Please use the space below to summarize any additional information necessary to describe your full qualifications:



#### Please read the following information carefully.

#### **An Equal Opportunity Employer**

In compliance with Federal and State equal employment opportunity laws, all qualified candidates will be considered for employment without regard to their race, creed, color, national origin, ancestry, sex, age, marital status, veteran status, or the presence of non-job related medical conditions, or disabilities.

#### **Applicant's Certification and Agreement**

The distribution or receiving of this application by the company does not imply or intend to imply an agreement or contract to employ the applicant. The purpose of this application is solely to allow persons a standardized form for which to submit their qualifications. This application will be considered valid for no longer than three months. Re-application is necessary after three months.

I authorize all persons, schools, employers, and organizations mentioned in the application to provide the Company with any and all information requested by the Company, and I voluntarily release such persons, schools, employers, and organizations from all liability for providing such information.

In the event, I am employed by the Company, I agree to comply with all its rules, regulations, and directives. I understand that my employment is for no stated term and is subject to termination at the will of the Company.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that falsification, misrepresentation, or omission of facts called for in this application may result in denial of employment or immediate dismissal. I hereby acknowledge that I have read, understand, and consent to the above statements.

Signature of Applicant X	Date:



I also understand that if offered employment, I must prove my identity and my eligibility to work in the United States, prior to being employed.

I also understand that my employment may be contingent upon successful completion of a drug and/or alcohol screening and/or a physical screening process; as may be authorized by applicable Federal and State law. I voluntarily consent that I will take a medical test for drugs and/or alcohol and/or physical screening and do hereby authorize the release of the results of such tests to Unity Shop N Save. I understand that the test will be performed at the expense of Unity Shop N Save and waive all claims against Unity Shop N Save and those preforming the test(s). I also understand and voluntarily consent that as a condition of continued employment, I will agree to submit to drug and alcohol testing. I hereby authorize the release of the results of such test(s) to my employer and waive all claims against my employer and those preforming the test(s) or releasing the information about the test(s). I understand that I may be subject to immediate termination for failing to submit to a drug or alcohol test. I further understand that a positive test may result in a rescission of Unity Shop N Save's offer of employment.

understand that a positive test may result in a res	scission of Unity Shop N Save's offer of employment.
Applicant's Signature X	Date:
I certify that I am a Genuine applicant for employ	ment and this application is being submitted solely for
the purpose of seeking employment with Unity S	hop N Save and for no other reason.
Applicant's Signature X	Date:



## This section to be filled in, only after hired

D.O.B:				
Start Date:				
Rate of Pay: \$				
Position:				
□Full-Time □Part-Time				
I-9 Completed: □				
8850 Completed: □				
W-4 Completed: □				
Drug Screening Required:	: □YES □NO			
Physical Screening Requir	ed: □YES □NO			
Work Certificate, if requir	red: □YES □NO			
Store Manager's Signatur	e	Date	e:	

