

Application for Employment

Please fill out form completely for employment consideration. Print and fax or mail when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Last Name		First	Middle	Date
Street Address			Home Phone ()	
City, State, Zip				
Business Phone ()			Email Address:	
What was your previous address?			How long at present address? _____ Years _____ Months	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.			How long at previous address? _____ Years _____ Months	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			Social Security No.	
How did you learn of our organization?				
Are you legally eligible for employment in the United States?			When will you be able to work?	
Are you employed now?		If so, may we inquire of your present employer?		

What position with our company are you interested in?

Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.							
P.M.							

Date Available to Start _____

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?

Yes No If Yes, please explain.

Drivers License # _____

State _____

Any Violations?

Yes No

Education

School	Name and location of school	Course of Study	No. of years completed	Did you graduate?	Degree or diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Military

Complete this section if you served in the U.S. Armed Forces

Branch of Service	Describe your duties and any special training
Period of Active Duty (Month & Year)	
From _____ To _____	
Rank at Discharge	
Date of Final Discharge	

Employment History Please give accurate, complete full-time and part-time employment record.
Start with present or most recent employer.

1.	Company Name	Telephone ()
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

2.	Company Name	Telephone ()
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

3.	Company Name	Telephone ()
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

4.	Company Name	Telephone ()
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	<p style="text-align: right;">Do not contact</p> <p>Employer Number(s) _____</p> <p>Reason _____</p>
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References: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

Please complete and mail or fax a copy of this form to:

Harvest Fare Supermarket
2905 Hamilton Ave.
Baltimore, MD 21214
Fax# 410-254-6102
Email: mike@harvestfare.com

or

Harvest Fare Supermarket
2315 Bel Air Road
Fallston, MD 21047
Fax #410-877-0758
Email: harvestfare2@verizon.net