

WINGARD'S MARKET EMPLOYMENT APPLICATION - Download this form, complete it, and return it in-person or via email to delores@wingardsmarket.com

Position applying for: (circle one or more)

Sales Associate Cashier Operations Associate

Date of Application: _____

Name: _____

Address: _____

Phone: _____ SSN: _____

Email: _____

Skills: _____

Education - Degrees:

Are you currently a student? Yes No If yes, where? _____

How many hours per week do you want to work? _____

What is your availability?

Indicate the hours you are available to work between 7:00 am and 6:00 pm

Mon: _____ Tues: _____

Wed: _____ Thurs: _____

Fri: _____ Sat: _____

Sun: _____

Are you legally allowed to work in the United States? _____

Have you ever pleaded guilty, no contest or been convicted of a crime? _____ If yes, please explain _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that if I am offered a job, I will be required to undergo a drug test.

Signature of Applicant _____ Date: _____

WORK HISTORY: Name: _____

Dates of Employment: From _____ to _____

Position(s) held: _____

Company Name: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary: _____ Salary & Title: _____

Reason for leaving: _____

Dates of Employment: From _____ to _____

Position(s) held: _____

Company Name: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary: _____ Salary & Title: _____

Reason for leaving: _____

Dates of Employment: From _____ to _____

Position(s) held: _____

Company Name: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary: _____ Salary & Title: _____

Reason for leaving: _____