Referrals					
☐ Friend	☐ Relative				
□ Employee					
□ Walk In	☐ Internet				
Other					



APPLICATION INFORMATION						
Last name	First		MI			
Current address			Apt #	Local phone # ( )		
City	State	Zip code	1	Cell phone # ( )		
Permanent address			Apt #	E-mail		
City	State	Zip code				
Are you 18 years or older? □	Yes □ No Are you currently		rrently attending	g school?		
Have you graduated from high school? □	Yes □ No	□ No Do you have a GED/HSED?				
WORK EXPERIENCE						
Employer	Supervisor			Phone # ( )		
Dates of employment From	То			Rate of pay \$		
Position and responsibilities			Reason for lea	aving		
Employer	Supervisor			Phone # ( )		
Dates of employment From	То			Rate of pay \$		
Position and responsibilities			Reason for leaving			
Employer	Supervisor			Phone # ( )		
Dates of employment From	То			Rate of pay \$		
Position and responsibilities	Reason fo		Reason for lea	eaving		
Have you been dismissed or asked to resign from a job? ☐ Yes ☐ No If yes, why?						
Have you previously worked for Capitol Centre Foods? ☐ Yes ☐ No			If yes, when?			
POSITION APPLYING FOR						
Position □ Stocker □ Cashier □ H	Bakery/Deli [	☐ Produce	☐ Deliver	y driver □ Other □ Any		
Date you can start? Wage desired? How many hours per week would you like to work?						
Are you able to work weekends?	es □ No	Are you abl	le to work even	ings?		
Do you have a valid driver's license?	es □ No	Are you app	plying for 3 <sup>rd</sup> sh	ift, 11pm-7am?		
Do you have tickets for:   Basketball  Football  Hockey  On the back, circle blocks of time you are available to work.						

## **WORK AVAILABILITY**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00 am	7:00 am	7:00 am	7:00 am	7:00 am	7:00 am	7:00 am
7:30 am	7:30 am	7:30 am	7:30 am	7:30 am	7:30 am	7:30 am
8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am
8:30 am	8:30 am	8:30 am	8:30 am	8:30 am	8:30 am	8:30 am
9:00 am	9:00 am	9:00 am	9:00 am	9:00 am	9:00 am	9:00 am
9:30 am	9:30 am	9:30 am	9:30 am	9:30 am	9:30 am	9:30 am
10:00 am	10:00 am	10:00 am	10:00 am	10:00 am	10:00 am	10:00 am
10:30 am	10:30 am	10:30 am	10:30 am	10:30 am	10:30 am	10:30 am
11:00 am	11:00 am	11:00 am	11:00 am	11:00 am	11:00 am	11:00 am
11:30 am	11:30 am	11:30 am	11:30 am	11:30 am	11:30 am	11:30 am
12:00 pm	12:00 pm	12:00 pm	12:00 pm	12:00 pm	12:00 pm	12:00 pm
12:30 pm	12:30 pm	12:30 pm	12:30 pm	12:30 pm	12:30 pm	12:30 pm
1:00 pm	1:00 pm	1:00 pm	1:00 pm	1:00 pm	1:00 pm	1:00 pm
1:30 pm	1:30 pm	1:30 pm	1:30 pm	1:30 pm	1:30 pm	1:30 pm
2:00 pm	2:00 pm	2:00 pm	2:00 pm	2:00 pm	2:00 pm	2:00 pm
2:30 pm	2:30 pm	2:30 pm	2:30 pm	2:30 pm	2:30 pm	2:30 pm
3:00 pm	3:00 pm	3:00 pm	3:00 pm	3:00 pm	3:00 pm	3:00 pm
3:30 pm	3:30 pm	3:30 pm	3:30 pm	3:30 pm	3:30 pm	3:30 pm
4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm
4:30 pm	4:30 pm	4:30 pm	4:30 pm	4:30 pm	4:30 pm	4:30 pm
5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm	5:00 pm
5:30 pm	5:30 pm	5:30 pm	5:30 pm	5:30 pm	5:30 pm	5:30 pm
6:00 pm	6:00 pm	6:00 pm	6:00 pm	6:00 pm	6:00 pm	6:00 pm
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11:00 pm	11:00 pm	11:00 pm	11:00 pm	11:00 pm	11:00 pm	11:00 pm
11:30 pm	11:30 pm	11:30 pm	11:30 pm	11:30 pm	11:30 pm	11:30 pm
12:00 am	12:00 am	12:00 am	12:00 am	12:00 am	12:00 am	12:00 am

## **CERTIFICATION AND AUTHORIZATION**

I certify all the information on this application is true, accurate and complete. I understand if I have given any false information
or omitted any relevant facts, I may be disqualified from employment consideration with Capitol Centre Foods. If I am hired, I
may be discharged immediately upon discovery of such false information or omission. In addition, I hereby authorize Capitol
Centre Foods to contact any current or former employer and to release information regarding my employment with them.

Applicant's signature	Date	

Capitol Centre Foods provides reasonable assistance or accommodations for qualified applicants or employees with disabilities. If you need assistance or accommodations in the process, please contact Capitol Centre Foods' Store Manager. Employment opportunities are not denied to anyone because of the need to make reasonable accommodations for a disability.