



Internal Use Only:	
SD: _____	OD: _____
DEPT: _____	SP: _____

Application for Employment

For office use only: (Circle one)		
MN	RO	CL

Manistique, MI 906-341-8070
Menominee, MI and Marinette, WI 906-863-5575

Date _____ Telephone NO: _____

Name: _____
 First: _____ Middle: _____ Last _____

Address: _____ City, State _____

Are you at least 18 years old? Yes No

Position (s) applied for? _____ Would you prefer: Part-time Full-time

What days/hours are you available to work? _____

Were you previously employed by Jack's Fresh Market? Yes No

Give names of anyone you know who is working for Jack's Fresh Market (including friends and/or relatives):

Summarize any special skills and qualifications acquired from employment or other experiences:

EMERGENCY CONTACT INFORMATION

Name: _____ Telephone No: _____

Name: _____ Telephone No: _____

PERSONAL REFERENCES

	Name	Association	Occupation	Phone
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____

EDUCATION

	School name And location	Highest Grade Completed	Degree or Diploma?	Major	Year Completed
Secondary:	_____	_____	Y/N	_____	_____
College:	_____	_____	Y/N	_____	_____
Other:	_____	_____	Y/N	_____	_____

Have you ever been convicted of a felony? Yes No

Have you ever been suspended or discharged by a previous employer? Yes No

If "Yes" to one or both of the above, provide date(s) and details:

Rate of pay expected: _____

PRESENT AND PAST EMPLOYMENT

Beginning with your most recent position, list all present and past employment.

Company Name: _____ Type of Business: _____

Address: _____ Telephone No: _____

Start Date: ____/____/____ End Date: ____/____/____ Rate of Pay: _____

Name of Supervisor: _____ Your title: _____

Describe major functions of your job: _____

Reason for leaving: _____

What would this employer say about you if they were called for a reference? _____

Company Name: _____ Type of Business: _____

Address: _____ Telephone No: _____

Start Date: ____/____/____ End Date: ____/____/____ Rate of Pay: _____

Name of Supervisor: _____ Your title: _____

Describe major functions of your job: _____

Reason for leaving: _____

What would this employer say about you if they were called for a reference? _____

Company Name: _____ Type of Business: _____

Address: _____ Telephone No: _____

Start Date: ____/____/____ End Date: ____/____/____ Rate of Pay: _____

Name of Supervisor: _____ Your title: _____

Describe major functions of your job: _____

Reason for leaving: _____

What would this employer say about you if they were called for a reference? _____

Would you agree to a physical examination if paid for by the Company, if requested? Yes No

I hereby apply for employment with Jack's Fresh Market and state that:

1. The information contained in this application is true to the best of my knowledge and belief, and I understand and agree that any misrepresentation or false statement by me in connection with the application will constitute justifiable cause for Jack's Fresh Market not to employ me or, if employed, to terminate my employment for cause.
2. I agree to allow Jack's Fresh Market to obtain information for the purpose of background investigation both before and after employment.
3. I understand and agree that all information furnished in this application may be verified by Jack's Fresh Market. I authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Jack's Fresh Market information relative to such verification and release such individuals, organizations and Jack's Fresh Market from any and all liability for any claim or damage resulting therefrom.
4. I agree to conform to the rules and regulations of Jack's Fresh Market and acknowledge that these rules and regulations may be changed at Jack's Fresh Market's option and without any prior notice to me.
5. I understand that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice, with or without cause.
6. I understand that my employment is conditional upon the results of a drug screen test, background check and signature of the employee handbook which certifies that I agree to follow all company rules and processes.
7. I understand that this application will remain active for a period of three (3) months from date and must thereafter be renewed in person.

Signature: _____

Date: _____