

FOOD GIANT APPLICATION FOR EMPLOYMENT

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Business Telephone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year Location			
Position Desired			Pay Expected
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime if asked?
Are you legally eligible for employment in the United States?			When will you be available to begin work?
Other special training or skills (languages, machine operations, etc.)			

EDUCATION

School	Name & Location of School	Course of Study	No. of Years Completed	Did You Graduate	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Optional)

Food Giant is an Equal Opportunity Employer. Houchens Industries, Inc. does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or military status.

EMPLOYMENT

1	Company Name	Telephone
	Address	Employed-(State month and year) From: To:
	Name of Supervisor	Weekly Pay
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed-(State month and year) From: To:
	Name of Supervisor	Weekly Pay
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed-(State month and year) From: To:
	Name of Supervisor	Weekly Pay
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed-(State month and year) From: To:
	Name of Supervisor	Weekly Pay
	State Job Title and Describe Your Work	Reason for Leaving

MILITARY

Did you serve in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" what Branch?

APPLICATION QUESTIONNAIRE (Operated by Houchens Food Group)

INSTRUCTIONS: Please answer all of the questions below.

1. Can you submit verification of your eligibility to work in the United States? Yes No
If not, your application cannot be processed. **You will not be allowed to start work until you provide verification.**

2. Are you at least 18 years of age? Yes No

Have you ever worked for Southern Recycling Inc., Center of Insurance, Inc, Stewart and Richey Construction, Inc, Pan Osten, Scotty's Contracting and Stone, Cohen's Fashion Optical, Hitcents, Van Meter Insurance, Four Seasons, or in a Houchens Market, IGA, Save-A-Lot Food Store, Foodland, Piggly Wiggly, Sonic Drive-In, Subway, Shell, Buehlers Buy Low, Scots Markets, Adams & Sullivan, Whites IGA, Priceless Foods, Priceless IGA, Derby's Pizza and Subs or Taco Del Mar operated by Houchens Food Group?

Yes No

3. Do you object to working nights? Yes No

4. Do you object to working weekends? Yes No

5. Do you object to working holidays? Yes No

6. Do you object to selling tobacco products? Yes No N/A

7. Have you been convicted of any felony or twice convicted of an misdemeanor involving alcohol related offenses within the last two years? Yes No N/A

8. Have you had an alcohol license revoked within the last two years? Yes No N/A

9. Would you be willing to take an assignment to another local store? Yes No

10. Do you have a telephone? Yes No

11. What days and hours are you available to work?

Sunday _____ to _____

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____

I understand that this Application Questionnaire is a part of the Application for Employment for the position which I am applying. I hereby certify that the above information is true and correct and that if I am employed, any false information contained on this Application Questionnaire shall be grounds for the termination of my employment.

Date

Signature of Application

OTHER INFORMATION

Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to age verification.	
Have you been convicted of a crime in the past ten years? If "Yes" describe in full. (A conviction record will not necessarily be a bar to employment) <input type="checkbox"/> Yes <input type="checkbox"/> No	
What was your previous address?	How long at your present address? _____ How long at your previous address? _____
Have you ever been previously employed by Houchens Industries, Inc. which owns and operates Houchens Markets, Jr. Food Stores, Save-A-Lot Stores, Stewart & Richey Construction, Southern Recycling, Center of Insurance, Foodland, Piggly Wiggly, Adams and Sullivan, Buehlers Buy Low, Scot Mkts, Shell and Pan Osten, Sonic Drive-In, Whites Fresh Foods, Subway, Scotty's, IGA, Crossroads IGA, IGA Express, American Sun Systems, Cohen's Fashion Optical, Employers Risk Services, Food Giant, Four Seasons, Hilliard Lyons, Hitcents, Stephens Pipe & Steel, Tampico, T S Trucking, Van Meter Insurance, Priceless Foods, Priceless IGA, Subway, Derby's Pizza & Subs and Taco Del Mar? <input type="checkbox"/> Yes <input type="checkbox"/> No	

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this Application for Employment may result in my dismissal.

I authorize Food Giant and its agents to conduct a background investigation of my personal, employment, criminal, and credit/ financial histories as well as other matters in arriving at an employment decision. I hereby release former employers, educational institutions, law enforcement agencies, credit agencies and all other persons or legal entities from any and all liability in responding to inquiries during the investigation of my background and further release Food Giant from any and all liability in connection with the investigation of my background.

If employed, I agree to comply with all policies, procedures and conditions of Food Giant relating to my employment. I understand that my employment can be terminated at any time, with or without cause, at the discretion of either Food Giant or me. I further understand and agree that the development and dissemination of policies, procedures, handbooks or other literature by Food Giant does not and will not in the future constitute or establish a contractual or other obligation to continue my employment.

Date

Signature

Food Giant
REFERENCE CHECKING AUTHORIZATION
PERMISSION TO OBTAIN INFORMATION

This document authorizes Food Giant to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee or a candidate for employment.

This form may be given to agencies, employers, and/or schools you have attended for authorization to release information on your employment, academic history, or driving record to Food Giant Employment at Food Giant is contingent upon satisfactory references and driving records (where applicable).

By signing below, I grant permission to release information to Houchens Food Group, Inc., relating to my work, academic experience, and/or driving record. I further understand that this employer in its sole discretion and without liability to determine eligibility for initial or continued employment may use information obtained. A photocopy of this authorization can be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

First, Middle, Last Name (Please print or type)

Driver License #

State of Issue

If name change (through marriage or otherwise), please print former name(s) here:

Please provide current and any previous address(es) during the past seven years:

Current: _____

Previous: _____

Signature

Date

For Employer's Use Only

REFERENCE CHECK

Employer	Person Contacted	Results
1		
2		
3		
4		

TEST RESULTS

Test Administered	Raw Score	Rating	Analysis and Comments

Interview Results

Interviewer Name and Comments