



# Employment Application

An Equal Opportunity Employer

Please Print

\_\_\_\_\_  
Date                      Last Name                      First Name                      Middle Initial

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
Number & Street                      City                      State                      Zip

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone                      Cell Phone                      Email Address

If you are under 18 years of age, can you provide proof of your age? (Legal document such as birth certificate, driver's license)

Yes  No If no, why not? \_\_\_\_\_

Have you ever been employed by Surf Market?  Yes  No If yes, when? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Were you referred to us by a current Surf Market Employee?  Yes  No If yes, who? \_\_\_\_\_

Are you currently employed?  Yes  No If yes, may we contact your current employer?  Yes  No

Can you provide documentation to show that you can legally work in the United States?  Yes  No  
If no, why not? \_\_\_\_\_

What date can you start work? \_\_\_\_\_

Are you applying for: Regular full-time work? (40 hours per week)  Yes  No  
Regular part-time work?  Yes  No

Temporary. Please specify the period of time you are available to work: \_\_\_\_\_ to \_\_\_\_\_

What days of the week are you available to work? (Circle days available)

**Monday Tuesday Wednesday Thursday Friday Saturday Sunday**

Are you available to work on holidays?  Yes  No If no, why not? \_\_\_\_\_

Are you available to work overtime if necessary?  Yes  No

Do you have reliable transportation to and from work?  Yes  No If no, how will you get to work each day?  
\_\_\_\_\_

Do you have any planned vacations or upcoming dates that you are not available to work?  Yes  No

If yes, please provide dates: \_\_\_\_\_

Please indicate by number 1 thru 8 the departments of most interest to you:

Cashier _____	Grocery Stocking _____	Produce _____
BBQ _____	Gourmet Cheese _____	Deli/Bakery _____
Wine/Spirits _____	Meat/Seafood _____	

Have you ever been fired from a job?  Yes  No If yes, please explain: \_\_\_\_\_

Are you physically able to stand for long periods of time, lift up to 30 lbs, climb and descend stairs, and push or pull heavy carts without reasonable accommodation?  Yes  No

If no, please describe any functions that you would not be able to perform: \_\_\_\_\_

**WORK HISTORY**

Employer Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
City \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Job Title/Description of duties: \_\_\_\_\_ May we contact? Yes No If no, why not? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
City \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Job Title/Description of duties: \_\_\_\_\_ May we contact? Yes No If no, why not? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
City \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Job Title/Description of duties: \_\_\_\_\_ May we contact? Yes No If no, why not? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
City \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Job Title/Description of duties: \_\_\_\_\_ May we contact? Yes No If no, why not? \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ City: \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
College: \_\_\_\_\_ City: \_\_\_\_\_ Degree? \_\_\_\_\_  
Other: \_\_\_\_\_

**REFERENCES**

List 3 References (Preferably work references):

- 1) \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2) \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 3) \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any omission or mis-statement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In addition, I understand that Surf Market is a retail establishment, open 364 days a year. Surf Market designates the period of time between mid-September and the end of June as the time that staff may schedule vacation time, with the exception of Thanksgiving week, Christmas/New Years' week, and the week preceding Memorial Day. Surf Market prepares a calendar of specific dates each year.

**I hereby understand and acknowledge that, if hired, my employment relationship with Surf Market would be of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time for any and no reason. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by the owner of Surf Market.**

Surf Market will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_