



Today's Date: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

Desired La Esperanza location

☐ MADERA

☐ LOS BANOS

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about La Esperanza Food Center? Please Specify.

Internet / Ad: \_\_\_\_\_ Friend: \_\_\_\_\_

Job Placement: \_\_\_\_\_ School Job Board: \_\_\_\_\_

Other (Describe): \_\_\_\_\_

Have you applied with Food Bazaar before? YES ☐ NO ☐

Relatives Employed? If yes, who? \_\_\_\_\_

Salary Desired: \_\_\_\_\_ When can you start? \_\_\_\_\_

Full-Time ☐ Part-Time ☐

Position Desired: Grocery ☐ Dairy & Frozen ☐ Meat ☐ Produce ☐ Deli & Bakery ☐  
(Check all that apply)

Seafood ☐ Cashier ☐ Management ☐ Main Office ☐

Please specify days and times that you are **NOT AVAILABLE** to work because of other commitments.  
(This is NOT a schedule request)

MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THUR \_\_\_\_\_  
FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

Are you legally authorized to work in the U.S. without limitation?  
(Proof of citizenship or immigration status will be required for employment)

YES ☐

NO ☐

Today's Date: \_\_\_\_\_

If you are applying for a position that requires driving a vehicle, do you possess a valid driver's license (issued from any state within the United States)?

YES ☐ NO ☐

Are you involved in any activities or have any hobbies or interests you would like to share with us? (Optional)

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### **Work Experience**

Please list your 3 most recent places of employment:

1)

Name	City	Position Held	Dates of Employment
Reason for Leaving: _____			

2)

Name	City	Position Held	Dates of Employment
Reason for Leaving: _____			

3)

Name	City	Position Held	Dates of Employment
Reason for Leaving: _____			

### **Education**

#### **High School**

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Graduate? YES ☐ NO ☐

#### **College**

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Graduate? YES ☐ NO ☐

### **References**

*Please give us the name and current telephone numbers of two (2) of your past employers who can give us an accurate perspective of you as a potential employee in our company. Please do not include family members or friends.*

Business Name	Supervisor's Name and Position	Telephone Number
Business Name	Supervisor's Name and Position	Telephone Number

I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I hereby authorize the organization to make any investigation of my background deemed necessary. Reference checks will be conducted by our organization or its agents. I further understand that employment is at the mutual consent of the employee and the organization; consequently, either the employee or the employer can terminate the employment relationship at will, for any reason, at any time, with or without cause or advance notice.

I understand I must submit documentation to your organization verifying my eligibility to work in the United States as required by the Federal Immigration Reform and Control Act of 1986. I further understand that submission of said documents must be made within 72 hours of being hired.

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