



## EMPLOYMENT APPLICATION

This application will remain active for thirty day. After this time, it must be renewed personally and in writing by the applicant if he/she wishes to remain considered for employment.

**Thank you for your interest in employment with Can Stop Redemption Center and Groceries, Inc.**

### PERSONAL DATA

Location : \_\_\_\_\_

|  |   |
|--|---|
| Name (Last, First, Middle)   |   |
| Street Address   | Social Security Number  |
| City   | State   |
| Zip  | Home Phone Number   |
| Position(s) Interested In? (Please list two.)  | Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Salary Requirements  | How were you referred?  |
| Hourly/ Weekly/ Annually (Circle One)  |   |
| Have you ever worked for Can Stop before? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| If yes when & where _____  |   |
| Were you employed under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name? _____  |   |
| If hired, can you furnish proof of identity and authorization to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| Do you know anyone working for us presently or in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| If so, whom? _____ Did this associate refer you? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| What hours can you work? _____   |   |
| Are there any hours you cannot work on a regular basis? _____  |   |
| Have you been convicted of a misdemeanor within the last five years that is retail, theft, or drug related, (i. e. shoplifting, burglary, robbery or credit card fraud) that has not been sealed, expunged, impounded, or for which a successful diversion program was not completed? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| Have you been incarcerated within the last five years in relation to your conviction for a misdemeanor that was retail, theft, or drug related that has not been sealed, expunged, impounded or for which a successful diversion program was not completed? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| Note : You may check "no" to either of the above questions if you made any court appearance as a minor that did not result in a complaint transferred to court for a criminal prosecution. A misdemeanor conviction will not automatically disqualify you from employment. Other factors will be taken into account.   |   |
| If yes to either of the above questions, please give details: _____  |   |
| _____  |   |
| Have you ever been convicted of a felony that has not been sealed, impounded or for which a successful diversion program was not completed? You may check "no" if you made any court appearance as a minor which didn't result in a complaint transferred to court for criminal prosecution. A felony conviction will not automatically disqualify you from employment. Other factors will be taken into account? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| If yes, give detail : _____  |   |

### EDUCATION

Did you attend school under a different name? Name : \_\_\_\_\_

| Type Of School | Name Of School | Location | Area Of Study | Last Year Completed | Did You Graduate? | Type Of Diploma |
|----------------|----------------|----------|---------------|---------------------|-------------------|-----------------|
|                |                |          |               | 1 2 3 4             | Yes No            |                 |
|                |                |          |               | 1 2 3 4             | Yes No            |                 |
|                |                |          |               | 1 2 3 4             | Yes No            |                 |
|                |                |          |               | 1 2 3 4             | Yes No            |                 |
|                |                |          |               | 1 2 3 4             | Yes No            |                 |

### EQUAL OPPORTUNITY EMPLOYER

Can Stop Redemption Center and Groceries, Inc is an Equal Opportunity Employer and does not discriminate in making employment decisions based upon race, color, sex, religion, national origin, disability, marital status, sexual orientation or any other protected status under applicable state or local law.

## EMPLOYMENT HISTORY

Beginning with your most recent employer, list all employment including military service and self-employment. (Account for all periods of unemployment unless you were unemployed because of a disability or medical reasons.)

If presently employed, may we contact your employer for references?  Yes  No

May we contact you at your place of employment?  Yes  No

|  |  |                                  |                 |
|--|--|----------------------------------|-----------------|
| Name of Present or Last Employer   | Job Title / Responsibilities           | From (Mo. & Yr..)                | To (Mo. & Yr..) |
| Address  | Reason for leaving : (Please explain.) | Supvr. Name                      |                 |
| City, State, Zip   |  | Starting Salary \$               |                 |
| Phone Number ( )   |  | Last Salary \$                   |                 |
| Name of Previous Employer  | Job Title / Responsibilities           | From (Mo. & Yr..)                | To (Mo. & Yr..) |
| Address  | Reason for leaving : (Please explain.) | Supvr. Name                      |                 |
| City, State, Zip   |  | Starting Salary \$               |                 |
| Phone Number ( )   |  | Last Salary \$                   |                 |
| Name of Previous Employer  | Job Title / Responsibilities           | From (Mo. & Yr..)                | To (Mo. & Yr..) |
| Address  | Reason for leaving : (Please explain.) | Supvr. Name                      |                 |
| City, State, Zip   |  | Starting Salary \$               |                 |
| Phone Number ( )   |  | Last Salary \$                   |                 |
| Name of Previous Employer  | Job Title / Responsibilities           | From (Mo. & Yr..)                | To (Mo. & Yr..) |
| Address  | Reason for leaving : (Please explain.) | Supvr. Name                      |                 |
| City, State, Zip   |  | Starting Salary \$               |                 |
| Phone Number ( )   |  | Last Salary \$                   |                 |
| Name of Previous Employer  | Job Title / Responsibilities           | From (Mo. & Yr..)                | To (Mo. & Yr..) |
| Address  | Reason for leaving : (Please explain.) | Supvr. Name                      |                 |
| City, State, Zip   |  | Starting Salary \$               |                 |
| Phone Number ( )   |  | Last Salary \$                   |                 |
| How many times were you disciplined at work during the last 24 months? _____   |  | During the last 12 months? _____ |                 |
| By whom and for what, as to each disciplinary action? _____  |  |                                  |                 |
| Was the discipline justified on each occasion? If not, as to each occasion you believe the discipline was not justified, please explain. _____ |  |                                  |                 |

## REFERENCES

List names of three persons (other than relatives) we may contact who have knowledge of your job related abilities. (ie., Manager, Supervisor, or Co-worker.)

| Name | Telephone Contact | Address/City/State | Occupation |
|------|-------------------|--------------------|------------|
|      |                   |                    |            |
|      |                   |                    |            |
|      |                   |                    |            |

## ACKNOWLEDGEMENT

I understand that Can Stop may contact the past employers, educational institutions and/or personal references I have provided in order to verify my past employment, education and work record. I authorize all past employers, educational institutions and/or personal references to release any and all information concerning my past employment work history, performance, education record and personal character. I hereby release all such past employers, educational institutions, personal references and Can Stop from any and all liability resulting from damages I may incur in the reference verification process.

I also understand that if employed by Can Stop my employment is at will and can be terminated at any time for any reason either by myself or Can Stop. This agreement cannot be modified by any representative of Can Stop either in writing or verbally.

I understand that upon being hired, I will have to prove authorization to work in the United States. I certify that the U.S. citizenship information I have provided Can Stop with is authentic. Further, I certify that all information I have provided on this application is true and accurate. False information or omission of facts on the application may result in the termination of my employment with Can Stop.

Finally, I understand that this application is only considered "active for thirty calendar days from the date of application. If I have not obtained employment and remain interested in obtaining employment with Can Stop after thirty days, I must complete a new application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_