

Visalia, Porterville, Merced, Atwater, Madera, Selma, Fresno Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

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	Last	First	Middle	
resent address				
	Number	Street City	y State Zip	
ow long have you live	d at this address			
elephone ()		Cell Phone ()		-
PPLICANTS MUS	T BE AVAILABLE F	OR ALL SHIFTS.		
9300 #45	50 (4.00000000 barroom 7.00)	od 4 Less before? □Ye	es □No	
				CDV 6
		rced □Selma □Atwa	ter Derterville Deres	sno □Visalia
AR?Reas	on for leaving			12
nired, and you are und	er age 18, can you furnis	sh proof of age and a work	k permit? □Yes □ No).
you have Relatives	employed with Food 4 Le	ss?	□Loc	ation
you have FRIENDS	employed by F4L?	3-1/12*2 3:	Location	
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS	MAJOR &
	MANAGERS AND STORES	(Complete mailing	COMPLETED	DEGREE
gh School		address)		Year graduated
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Rank

APPLICATION FOR EMPLOYMENT

				1,779,000	FFICE ERIENCE			
Typing	☐ Yes ☐ No		_WPM	10-key	□ Yes	Word Processing	□ Yes	WPM
Personal Computer	☐ Yes ☐ No	PC Mac	0					
Please list t	wo referenc	es other t	han relatives o	or previous e	mployers.			
Name					Name			
Position _					Position			
Company _					Company _			
Address _					Address			
-					_			
Telephone					Telephone	(_)		
Please list	hobbies or	sports yo	u participated in	n during High	School or are	currently involved v	vith:	
I agree that	if I am offer	ed employ	ment, I will be r	required to co	onform to the ru	ules and regulations	of the Compan	ıy.
If hired, car	you provide	e proof of e	eligibility to work	k in the United	d States prior t	to starting work?	□Yes □	No
Have you e	ver been rep	orimanded	for cash handli	ng situations	? □Yes	□No		
If yes, pleas	se explain: _							
				MIL	ITARY			
HAVE YOU	EVER BEE	N IN THE	ARMED FORC	ES?	☐ Yes ☐ N	No		

Date Entered _____ Discharge Date _____

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May we contact your present employer? ☐ Yes ☐ No

APPLICATION FOR EMPLOYMENT

Work Experience

Please list your work experience for the past five years beginning with your most recent job held

Name of employer Address	Name of last supervisor	Employment dates	Pay or salar
City, State, Zip Code Phone number		From	Start
Phone number		То	Final
	Your last job title		1
Reason for leaving (be specific)	1 1		
List the jobs you held, duties performed, sk	ills used or learned, advancements / pro	motions while you work	ed at this compa
Name of employer Address	Name of last supervisor	Employment dates	Pay or salar
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Thorse names.		То	Final
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List the jobs you held, duties performed, sk Name of employer Address City, State, Zip Code	ills used or learned, advancements / pro	Employment dates From	Pay or salar Start
List the jobs you held, duties performed, sk	ills used or learned, advancements / pro Name of last supervisor	Employment dates From	Pay or salar Start
List the jobs you held, duties performed, sk Name of employer Address City, State, Zip Code Phone number	Name of last supervisor Your Last Job Title	Employment dates From To	Pay or salar Start Final
List the jobs you held, duties performed, sk Name of employer Address City, State, Zip Code Phone number	Name of last supervisor Your Last Job Title	Employment dates From To	Pay or salar Start Final
Name of employer Address City, State, Zip Code Phone number Reason for leaving (be specific)	Name of last supervisor Your Last Job Title	Employment dates From To	Pay or salar Start Final
List the jobs you held, duties performed, sk Name of employer Address City, State, Zip Code Phone number	Name of last supervisor Your Last Job Title	Employment dates From To	Pay or sala Start Final

PLEASE READ CAREFULLY

If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States of America.

I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal.

I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work.

I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. I understand that, except for the President of Food 4 Less, no supervisor or manager may alter or amend the above conditions. Only the President of the Company has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I understand and agree that as a condition of my employment, I may be required to undergo drug testing, and any other testing to the extent permitted by applicable laws.

I agree that I will settle any and all previously unasserted claims, disputes, or controversies arising out of or relating to my employment, my application or candidacy for employment, and/or cessation of employment with Food 4 Less, exclusively by final and binding arbitration before a neutral Arbitrator (pursuant to the Company's Alternative Dispute Resolution Policy). By way of example only, such claims include claims under federal, state, and local statutory law, such as the Fair Employment and Housing Act, Age Discrimination in amendments of the Civil Rights Act of 1991, the Americans With Disabilities Act, the law of contract and the law of tort.

If I am offered employment, I will, as a condition of employment furnish proof that I am over 18 years of age.

I agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Company.

I authorize investigation of all statements contained in this application and any supporting documents. I authorize the Company to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising from such investigation.

I understand that no supervisor or manager may alter or amend the conditions set forth in paragraphs one (1) through nine (9) above. I understand that the foregoing conditions can only be altered or amended by a written agreement signed by the President of Food 4 Less.

I understand and agree that, if I am offered a position, it will be a conditional offer based on my successful passing of a drug screen.

Signature of applicant:	Date:

Food 4 Less is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, ancestry, marital status, age, disability, or any other prohibited basis. We assure you that your opportunity for employment with Food 4 Less depends solely on your qualifications.

Thank you for completing this application form and for your interest in Food 4 Less.