

EMPLOYMENT APPLICATION

MUST BE AT LEAST 18 YEARS OF AGE TO APPLY

First Name

General Data

Last Name

EMPLOYEE#____

Location # _

Date: _

Middle Name

Present Address Number Street Name	City	State	Zip Code	Years at Address
Position Applying For:	Phone Number	Othe	er Phone #	
Time of annularing out desired, Check One./	()	()	
Type of employment desired: Check One√ Full Time [] Part Time []		available to work Wees s or []No	ekenas & Evenings?	
Were did you submit application		How did you learn of [] Advertisement [] Relative	[] Friend [] \	Walk-in [] Job Fair Other
Personal Data		•		
Person to notify in case of an Emergency: Name	ddress Stre	et City S	State Zip Code	Home Telephone Number
Do you have any relatives working for the comp	any? [] Yes [] Position	No. Do you kno	w what their position Is	in the company? If yes list
Have you ever worked for this Company before?[] Ye	s []No If "yes,"	give dates From	To	Location:
Will you relocate if the job requires it? [] Yes [] No	Will you tra∨el	if the job requires it	? []Yes []No	
Are you able to perform the essential functions of the joi describe the functions that cannot be performed. (Note: We comply with the ADA and consider reasonable according to the complex of the policy of the complex of the policy of the pol		1		
Have you ever been convicted of a crime (felony or misdo conviction for which the record has been judicially ordere successfully completed or otherwise discharged and the Do you have any other experiences, training, qualification If so, please explain:	ed sealed, expunged or e case has been judicia	statutorily eradicate ally dismissed; or (4	ed; (3) a misdemeanor convid) a pretrial or post-trial dive	ction for which probation has been ersion program? []Yes []No
Work Experience				
*Last/Present Employer		of Service Dates)	Duties Perfo	ormed
Address	<u>Start</u>	Leave		
Telephone Number(s)				
Supervisor's Name and Position	Hourly	Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>		
Reason For Leaving May we contact now?YesNo (If still emp	ployed)			
*Employer		of Service Dates)	Duties Perfe	ormed
Address	<u>Start</u>	<u>Leave</u>		
Telephone Number(s)				
Supervisor's Name and Position	Hourly	Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>		
Reason For Leaving May we contact now?YesNo (If still emp	ployed)			
*Employer		of Service Dates)	Duties Performed	
Address	<u>Start</u>	Leave		
Telephone Number(s)				
Supervisor's Name and Position	Hourly	Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>		
Reason For Leaving May we contact now?YesNo (If still emp	ployed)			



Skills

Typing Speed (wpm): Other Training/Skills (include bilingual ability if relevant to the position for which you are applying:						
Machines Operated:						
Branch of Military Service:						
State relative skills acquired during military service:						
EDUCATION	HIGH SCHOOL	COLLEGE	TRADE/ PROFESSIONAL/ OTHER			
Name						
Address						
Number of Years						
Course or Major						
Diploma/Degree						
Applicant's Statement						
PLEASE READ CAREFULLY BEFORE SIGNING!						
I hereby certify that I have been informed of the duties, the hours and days of work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge.						
I understand that falsification or omission of any material information on this application shall be grounds for rejection of this application or for immediate termination. I authorize the references listed to provide the Company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any use or disclosure of such information by the Company or any of its agents, employees, or representatives. I agree that if employed, I will abide by all policies and procedures established by the employer. I agree to submit to Drug Testing if required, by Vallarta Supermarkets.						
I hereby acknowledge that my employment is "at-will," that I may resign at any time and the Company may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the Company. I declare under penalty of perjury that all the foregoing is true and correct						
Signature of Applicant		Date				