

Today's Date: _____



APPLICATION FOR EMPLOYMENT

Desired Food Bazaar location _____

Personal Information

Name: _____

Address: _____ Apt: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

How did you hear about the Food Bazaar (Bogopa Service Corp.)? 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)

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

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: _____