

Application For At-Will Employment

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT, but merely is intended to evaluate suitability for employment. It is our policy to provide equal opportunity for employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status or any other status protected under state or federal law. It is also our policy to conduct pre-employment screenings before a job offer is made. If a job offer is made, employment will be contingent upon successful completion of a medical examination, which will include providing body substance samples. Further consideration will be based on the completion of a motor vehicle report when deemed necessary for the position.

This application for employment will not be considered unless fully completed. (PLEASE PRINT)

APPLICANT INFORMATION:

Last Name	First Name	Middle Name
Address	Street	City State Zip Code
Telephone Number(s)	For Administrative Use	
Alternative Number		

EMPLOYMENT DESIRED: Part Time Full Time Shift Work Temporary

Position: _____ Date you can start: _____

Have you ever filed an application with us before: _____ Have you ever been employed with us before? _____

May we contact your employer? _____ Can you travel if a job requires it? _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? _____

Proof of citizenship or immigration status will be required upon employment.

School	Name and Location	Graduated		Major Subjects/Degree
		Yes	No	
Grammar School				
High School				
College				
Other (Specify)				

Subjects of special study or research work: _____

Special training or qualifications: _____

Activities: (Civic, Athletic, Etc.) _____

FORMER EMPLOYERS: List your employers for the past **four** years, starting with the most recent.
If you need additional space, please continue on a separate sheet of paper.

Date Month and Year	Name, address and telephone # of employer	Salary	Position	Reason for leaving
From		\$		
To		PER		
From		\$		
To		PER		
From		\$		
To		PER		
From		\$		
To		PER		

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address and Telephone Number	Years Acquainted
1.		
2.		
3.		

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application shall be considered active for a period of time not to exceed 15 days.

I UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THE GARDEN CITY CO-OP, INC. WOULD BE OF AN "AT-WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT-WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS AUTHORIZED BY THE BOARD OF DIRECTORS OF THE GARDEN CITY CO-OP, INC.

Signed _____

Date _____

You may exclude membership which would reveal sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status or any other status protected under State or Federal law.