





# EMPLOYMENT APPLICATION

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| <b>ACTIVITIES</b>  |
| LIST SCHOOL, CIVIC, OR BUSINESS ACTIVITIES AND OFFICES HELD. (EXCLUDE THOSE WHICH INDICATE AGE, SEX, RACE, COLOR, RELIGION, OR NATIONAL ORIGIN.) |
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| HOBBIES AND LEISURE TIME INTERESTS:  |

|   |             |   |  |               |
|---|-------------|---|--|---------------|
| <b>EMPLOYMENT HISTORY</b>   |             |   |  |               |
| LIST YOUR WORK EXPERIENCE WITH YOUR PRESENT AND LAST THREE EMPLOYERS: |             |   |  |               |
| 1. PRESENT OR LAST EMPLOYER:  |             | CITY  | STATE  | ZIP CODE      |
| PHONE NUMBER:   | SUPERVISOR: | MAY WE CONTACT THIS SUPERVISOR?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | DATES (MO./ YR.)<br>FROM:                      TO: | FINAL SALARY: |
| LAST POSITION HELD:<br>DUTIES:  |             |   | REASON FOR LEAVING:                                |               |
| 2. PREVIOUS EMPLOYER:   |             | CITY  | STATE  | ZIP CODE      |
| PHONE NUMBER:   | SUPERVISOR: | MAY WE CONTACT THIS SUPERVISOR?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | DATES (MO./ YR.)<br>FROM:                      TO: | FINAL SALARY: |
| LAST POSITION HELD:<br>DUTIES:  |             |   | REASON FOR LEAVING:                                |               |
| 3. PREVIOUS EMPLOYER:   |             | CITY  | STATE  | ZIP CODE      |
| PHONE NUMBER:   | SUPERVISOR: | MAY WE CONTACT THIS SUPERVISOR?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | DATES (MO./ YR.)<br>FROM:                      TO: | FINAL SALARY: |
| LAST POSITION HELD:<br>DUTIES:  |             |   | REASON FOR LEAVING:                                |               |
| 4. ATTACH RESUME FOR ADDITIONAL PREVIOUS EMPLOYMENT                   |             |   |  |               |

## CONDITIONS OF EMPLOYMENT

I certify that all statements I have made in this application are true and agree that any misrepresentation or omissions of facts may be sufficient cause for cancellation of my application for employment or immediate dismissal from the Company's service if I have been employed. I authorize Divers Market, Inc. to verify all statements contained in this application for employment and to make the necessary reference checks, except as otherwise limited.

~~LYHUV0DUNHWQ~~ **Drug-free workplace.** As such, detectable use of these items while at work can result in immediate termination. I also understand that ~~LYHUV0DUNHWQ~~ is a family-friendly establishment and that every employee must abide by certain rules and regulations concerning appearance while on the job. I agree that if I am employed, I will abide by all the rules and regulations of the Company.

I understand that all employment at ~~LYHUV0DUNHWQ~~ is "at will", meaning that either the employee or the Company may terminate the employment relationship at any time without the need for reason or cause.

If employed I will furnish proof of date of birth, and U.S. citizenship or visa which will allow me to be legally employed.

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|-------------------------|-------|
| SIGNATURE OF APPLICANT: | DATE: |
|                         |       |