

Cambridge Supermarket
P.O. Box 460
421 Nelson Street
Cambridge, Nebraska 69022

Cambridge Supermarket is a member of



Application For Employment

61908 WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non-job-related medical or handicap, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application	
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____		
Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s) Daytime		Evening
		Social Security Number
		[REDACTED]

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

Have you ever been employed with us before?

Yes No

Are you currently employed?

Yes No

May we contact your current employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

On what date would you be available for work?

____/____/____

Are you available to work:

Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a Job requires it?

Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone Number(s)	Hourly Rate/Salary		
	Start	Final	
Job Title	Supervisor		
Reason For Leaving			

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Phone Number(s)	Hourly Rate/Salary		
	Start	Final	
Job Title	Supervisor		
Reason For Leaving			

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Education

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 +

School Name	City/State	Dates Attended	Graduate	
			Yes	No
High School				
College				
Other				
Other				

Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations?

Yes No

(Such conviction may be relevant if job related, but does not bar you from employment)

If Yes, please explain _____

List any relatives working at Affiliated Foods Midwest _____

CERTIFICATION AND RELEASE I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents including consumer reporting bureaus to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, school, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever to issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signed

Date