



Employment Application

All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related handicap, or any other legally protected status.

NAME		SSN (optional)	DATE
ADDRESS			
CITY		STATE	ZIP CODE
PHONE	EMAIL		DESIRED WAGE/SALARY \$
BEST WAY TO CONTACT YOU? <input type="checkbox"/> Phone <input type="checkbox"/> Email	DATE AVAILABLE TO WORK:	DAYS AVAILABLE TO WORK: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat	SHIFTS AVAILABLE TO WORK: <input type="checkbox"/> Days <input type="checkbox"/> Evenings
POSITION(S) APPLYING FOR		PREFERRED LOCATION <input type="checkbox"/> Any <input type="checkbox"/> Cicero <input type="checkbox"/> Noblesville <input type="checkbox"/> Tipton	

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without restriction? Yes No

Have you ever been convicted of a felony? Yes No If yes, please describe circumstances:

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

Education/Advanced Training

SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE RECEIVED	MAJOR

OTHER TRAINING CERTIFICATIONS, OR LICENSES HELD

LIST OTHER INFORMATION PERTINENT TO THE EMPLOYMENT YOU ARE SEEKING

Employment (Most recent first)

EMPLOYER		JOB TITLE	
ADDRESS		CITY	STATE ZIP CODE
PHONE	SUPERVISOR	TITLE	
DATES EMPLOYED		PRIOR POSITION HELD WITHIN COMPANY (IF ANY)	
DUTIES PERFORMED			
REASON FOR LEAVING			

Employment (Continued)

EMPLOYER		JOB TITLE	
ADDRESS		CITY	STATE ZIP CODE
PHONE	SUPERVISOR		TITLE
DATES EMPLOYED		PRIOR POSITION HELD WITHIN COMPANY (IF ANY)	
DUTIES PERFORMED			
REASON FOR LEAVING			

EMPLOYER		JOB TITLE	
ADDRESS		CITY	STATE ZIP CODE
PHONE	SUPERVISOR		TITLE
DATES EMPLOYED		PRIOR POSITION HELD WITHIN COMPANY (IF ANY)	
DUTIES PERFORMED			
REASON FOR LEAVING			

EMPLOYER		JOB TITLE	
ADDRESS		CITY	STATE ZIP CODE
PHONE	SUPERVISOR		TITLE
DATES EMPLOYED		PRIOR POSITION HELD WITHIN COMPANY (IF ANY)	
DUTIES PERFORMED			
REASON FOR LEAVING			

Acknowledgment and Authorization

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an 'at will' nature, which means that Employee may resign at any time and the Employer may discharge 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 by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT

PRINTED NAME

DATE

CICERO MARKET | 99 South Peru Street | Cicero, IN 46034 | 317-984-3111
HARBOUR MARKET | 20825 Hague Road | Noblesville, IN 46062 | 317-674-8214
MARKET ON MAIN | 102 North Main Street | Tipton, IN 46072 | 765-408-0146