



DATE: _____

215 Enterprise Drive
 Gretna, NE 68028
 402-332-5166

APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF NON-JOB RELATED MEDICAL CONDITION OR DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

FULL NAME: _____

ADDRESS (INCLUDE CITY & ZIP): _____

PHONE NUMBER INCLUDE AREA CODE: _____ FULL OR PART TIME: _____

POSITION APPLIED FOR: _____ SALARY DESIRED: _____ DATE AVAILABLE: _____

ANSWER THE FOLLOWING WITH A YES OR NO

ANY LIMITATION ON HOURS OR DAYS: _____ ARE YOU CURRENTLY EMPLOYED? _____

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? _____

DO YOU PRESENTLY HAVE RELATIVES WORKING FOR US? (If yes give name & relation) _____

ARE YOU 18 YEARS OF AGE? _____ IF NO, D.O.B. _____

HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION? (If yes give reason) _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? (If yes give reason) (Having been convicted will not necessarily prevent a person from employment) _____

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) _____

HOW DID YOU LEARN ABOUT US? _____

EDUCATION:

SCHOOL	NAME	LOCATION	COMPLETED	GRADUATED	MAJOR
HIGH SCHOOL			9 10 11 12		
COLLEGE					
OTHER					

HOURS YOU ARE AVAILABLE: WE ARE OPEN EVERY DAY 6:30AM – 9PM

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start							
End							

START WITH YOUR PRESENT OR LAST EMPLOYER			
EMPLOYER	START	FINISH	WORK PERFORMED:
ADDRESS	DATES EMPLOYED		
PHONE #			
SUPERVISOR'S NAME	SALARY		
REASON FOR LEAVING			
EMPLOYER	START	FINISH	WORK PERFORMED:
ADDRESS	DATES EMPLOYED		
PHONE #			
SUPERVISOR'S NAME	SALARY		
REASON FOR LEAVING			
EMPLOYER	START	FINISH	WORK PERFORMED:
ADDRESS	DATES EMPLOYED		
PHONE #			
SUPERVISOR'S NAME	SALARY		
REASON FOR LEAVING			
MAY WE CONTACT THE EMPLOYERS ABOVE	YES	NO	
IF NOT LIST BUSINESS' NAME HERE			

LIST THREE WORK RELATED REFERENCES WHO ARE NOT RELATIVES
 (Give name, address, relationship, and a phone number including area code)

- 1) _____
- 2) _____
- 3) _____

The information on this application is accurate and subject to check. I understand that any misleading or incorrect statements may render the application void and would be cause for immediate dismissal in the event of employment. I agree to undergo a physical examination at the company expense at any time upon the request of the company and abide by all company policies and procedures. I hereby authorize previous employers and references listed above to release reference information to McKinney's Food Center. Any copy of this signed authorization shall have the full force of the original. I understand and agree that, if hired, my employment will be on an at-will basis and may be terminated at any time be either party with or without cause.

APPLICANT SIGNATURE: _____

PLEASE CHECK TO SEE THAT YOU HAVE ANSWERED ALL THE ABOVE QUESTIONS