

Employment Application

Date Received _____

Location (Store Stamp)



Family of Supermarkets



superfresh

waldbaums

The Food Experience

FoodBasics

"An Equal Opportunity Employer"

***This application is active for 60 days.**

Position applied for:	(Please Print) Last Name	First Name	Middle Initial
Salary required:	Present Address		
Telephone:	City	State	Zip code

Type of Employment Sought (Check one in each column) <input type="checkbox"/> Regular <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary/Summer <input type="checkbox"/> Part Time	Have you previously been employed by A&P or any of its subsidiary companies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Position/Location: _____
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Date available to start work:	Referred by: <input type="checkbox"/> Own Initiative <input type="checkbox"/> State Agency <input type="checkbox"/> Other (Explain) _____ <input type="checkbox"/> Advertisement <input type="checkbox"/> Private Agency _____
Hours you are available to work*	

Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for employment in the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you provide proof? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a felony? (A criminal record does not constitute an automatic bar to employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____

Education, Training or Equivalent Experience

School, Program, Other	Dates Attended	Subjects	Certificate(s)/Diploma(s)/Degree(s)

Technical Skills

Equipment or Machinery you can operate:

- | | | |
|----------------------------------------|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Computer | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> Cash Register | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Schedule Plus |
| <input type="checkbox"/> Pallet Jack | <input type="checkbox"/> Microsoft Power Point | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Fork Lift | <input type="checkbox"/> Microsoft Outlook | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |

*The Great Atlantic & Pacific Tea Company, Inc., is dedicated to a policy of non-discrimination in employment on the basis of race, creed, color, age, sex, religion, national origin or qualified handicap or veteran status, or any other unlawful basis.
NPD 104 Rev. 8/98 THE GREAT ATLANTIC & PACIFIC TEA COMPANY, INC.

Experience

Present Employer		Address		Telephone
From	To	Last Position		
Salary/Rate of Pay		Reason for Leaving		
Last Supervisor's Name & Title			May we contact your present employer?	
Previous Employer		Address		Telephone
From	To	Last Position		
Salary/Rate of Pay		Reason for Leaving		
Last Supervisor's Name & Title			May we contact your present employer?	
Previous Employer		Address		Telephone
From	To	Last Position		
Salary/Rate of Pay		Reason for Leaving		
Last Supervisor's Name & Title			May we contact your present employer?	

I hereby consent as a condition of employment to a physical examination and/or medical tests, including tests for drug use, at the discretion of the Company which will be exercised in accord with applicable law and labor contract. I understand that an adverse result may preclude employment or be the basis for discharge. I hereby authorize investigation of all statements contained in this application. I affirm said information is true and complete to the best of my knowledge, and I understand that any misrepresentation, falsification, or willful omission herein shall be sufficient reason for dismissal from, or refusal of employment. I acknowledge receipt of a separate document entitled Consumer Report Disclosure Notification. To enable the Company to pass on my application, I hereby authorize the procurement of consumer reports by the Company as part of a pre-employment background investigation and/or at any time during my employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the Company to procure consumer reports at any time during my employment period; unless and until written revocation of this authorization from me is received by the Human Resources Department. In consideration for my employment, I agree to comply with the policies, rules, regulations and procedures of the Company. I hereby understand and acknowledge that, subject to applicable law and/or contract, my employment relationship with the Company is of an "at will" nature, which means that I may resign at any time and the Company may discharge me 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 such change is specifically acknowledged in writing by an authorized executive of the Company to be a modification to my "at will" employment status.

Applicant's Signature

Date

FOR STORE OR HUMAN RESOURCES MANAGER USE ONLY

Interviewer: Name _____ Title: _____ Date: _____

IF HIRED

Date of Offer _____ Date Accepted _____

Starting Date _____ Salary/Rate _____

Department _____ Job Title _____