

EMPLOYMENT APPLICATION



FOOD & PHARMACY SINCE 1933

Date of Application

We are proud to be a drug-free workplace. You can apply online at www.haggen.com

All employees must be at least 16 years of age. If you need an accommodation to complete the application and/or interview process, please notify us in advance so we can make appropriate arrangements. Type or print legibly. Fill out both sides. Answer all questions specifically and completely, giving exact dates. You may provide a resume, but you must also complete this application.

PERSONAL INFORMATION

First Name		Last Name		M.I.	Also Known As / Maiden Name	
Street Address			E-mail Address		City	State Zip
Home Phone (____)		Message Phone (____)		Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 18 or over <input type="checkbox"/> Under 18: are you at least 16? <input type="checkbox"/> Yes <input type="checkbox"/> No
Positions Applying For: 1. _____ 2. _____ 3. _____				Where did you hear about this job? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Job Service <input type="checkbox"/> In-store Sign <input type="checkbox"/> School <input type="checkbox"/> Community Organization <input type="checkbox"/> Website <input type="checkbox"/> Other <input type="checkbox"/> Employee (Name) _____		

EMPLOYMENT HISTORY

List last three employers beginning with the most recent (including self employment, temporary jobs, etc.) Is it okay to contact your present employer? Yes No Not presently employed

DATES	EMPLOYER	LIST MAJOR DUTIES	WAGE	REASON FOR LEAVING
From: _____ / _____ mo. yr.	Name Address City State			
To: _____ / _____ mo. yr.	Supervisor's Name Supervisor's Title Supervisor's Phone Number (____)			
From: _____ / _____ mo. yr.	Name Address City State			
To: _____ / _____ mo. yr.	Supervisor's Name Supervisor's Title Supervisor's Phone Number (____)			
From: _____ / _____ mo. yr.	Name Address City State			
To: _____ / _____ mo. yr.	Supervisor's Name Supervisor's Title Supervisor's Phone Number (____)			

Have you ever been employed by Haggen Inc. before? Yes No
If "Yes", where? _____ When? _____

Have you ever applied to Haggen Inc. before? Yes No
If "Yes", where? _____ When? _____

Explain any gaps in employment history.

AVAILABILITY

All employees shall be available to work weekends. Requests for special scheduling consideration, such as weekends, appointments, etc. will be handled on a weekly basis.

What is the MINIMUM hours per week you prefer to work? _____ MAXIMUM _____

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Designate what time you can start:							
Designate what time you need to be off by:							

EDUCATION

Type of School	SCHOOL	Degree/ Area of Study	Years Attended	Graduated (Check One)
HIGH SCHOOL	Name _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____			
COLLEGE	Name _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____			
OTHER	Name _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____			

REFERENCES

List three references other than relatives (i.e., co-workers, teachers, coaches, neighbors, etc.)

NAME	PHONE NO.	CITY, STATE	OCCUPATION	RELATIONSHIP	YEARS KNOWN
	(____)				
	(____)				
	(____)				

ANSWER THE FOLLOWING QUESTIONS

1. Have you ever been discharged from employment or asked to quit? Yes No
If yes, please explain. _____
2. Have you ever been discharged from employment or asked to quit or disciplined by an employer due to sexual harassment, employee theft, disruptive behavior, using or possessing a weapon on company premises, and/or using or possessing drugs or illegal substances? Yes No
If yes, please explain. _____
3. Have you been convicted of attempting or committing a felony or misdemeanor within the past ten years, or released from prison within the last ten years?
This includes convictions for DUI and traffic related offenses.
(A criminal record does not automatically disqualify an applicant from employment.) Yes No
If Yes, list any and all convictions (attach additional sheet if necessary).
Where? _____ When? _____ Nature of Offense: _____

PLEASE READ CAREFULLY

Notification of Drug Testing:

HAGGEN, INC. is firmly committed to providing a safe, productive and drug free work and shopping environment. As a final condition of hire, applicants will be required to take a drug test as part of the pre-employment/application process.

If asked to test, I consent to the collection of a sample of my urine for drug testing. I further consent to the release of all test-related information by the company's laboratory to HAGGEN, INC. Medical Review Officer ("MRO"), by the MRO to the Company and those within the Company as HAGGEN, INC. deems appropriate in the administration of its alcohol and other drug abuse programs. Refusal to participate in this test, or any attempt to alter the test sample or results, or failure to pass the test, will result in immediate disqualification.

Affidavit:

The above information is true and correct to the best of my knowledge. I understand that any false information or my misrepresentation or omission of facts will result in separation from the company if employed. In connection with this application, HAGGEN, INC. is authorized to inquire from former employers or contact personal references as to my work history, character and ability. I hereby release from liability HAGGEN, INC. and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that both HAGGEN, INC. and I reserve the right to terminate my employment at will, and that any oral representations to the contrary are not binding.

In consideration of my employment at HAGGEN, INC., I, the undersigned, agree and consent that any wages which may be due to me may be applied against any indebtedness I may have incurred to HAGGEN, INC. (pursuant to applicable state/federal law).

HAGGEN, INC. is an Equal Opportunity Employer. Our practice is to ensure opportunity for each individual, regardless of race, color, age, marital status, religion, national origin, sex, or sexual orientation, veteran status and mental or physical handicap.

Applicant's Signature _____

Date _____