# D'AGOSTINO

## APPLICATION FOR EMPLOYMENT
(Please Print Clearly)

### PERSONAL INFORMATION --------------------------------------------------------------------------------

| First Name | MI | Last | Social Security Number |
|---|---|---|---|
| | | | - - |

| Street Address | Apt. # | City | State | Zip Code |
|---|---|---|---|---|
| | | | | |

| Telephone # ( ) - | Have you ever worked for the company | yes no | If yes, what location? | Date of Employment From: To: |
|---|---|---|---|---|
| Cellular # ( ) - | | | E-mail address | |

| Do you have a physical condition or handicap which may limit your ability to perform the job for which you are applying? | If yes, give details | Are you less than 18 yrs. And if so, what age? |
|---|---|---|

INJURIES: Have you ever had any injuries (on or off the job), which have affected your fitness to perform your job?
Yes   No If yes, provide the information requested in the lines below.

| DATE | LOCATION and employer (If Applicable) | DETAILS | Are you recovered? | If no, give details |
|---|---|---|---|---|
| | | | Yes   No | _____ |
| | | | Yes   No | _____ |

| How were   you referred to the company | In case of an emergency, notify the following person: Name: Address: |
|---|---|

### EMPLOYMENT INTERESTS

| Position you are applying for: | Salary Expected | Date Available: | Full-time Part-time | Permanent Temporary |
|---|---|---|---|---|
| | | | | |

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.*          Yes  No

Certain jobs within the company require use of a motorized vehicle.   A. Do you have or can you get a valid driver's license          Yes  No
If use of a vehicle is required in the job for which you are applying:   B. Do you have access to a car or other motorized vehicle?          Yes  No
                                                                        C. Do you have or can you get liability insurance on such a vehicle? Yes  No

PLEASE PUT A CHECK (✔) NEXT TO THE DAYS YOU ARE AVAILABLE TO WORK AND INDICATE HOURS AVAILABLE CIRCLE AM OR PM

| SUNDAY_____ | MONDAY_____ | TUESDAY_____ | WEDNESDAY_____ | THURSDAY_____ | FRIDAY_____ | SATURDAY_____ |
|---|---|---|---|---|---|---|
| AM FROM_____ PM AM TO_____ PM | AM FROM _____ PM AM TO _____ PM | AM FROM_____ PM AM TO_____ PM | AM FROM _____ PM AM TO_____ PM | AM FROM _____ PM AM TO_____ PM | AM FROM_____ PM AM TO_____ PM | AM FROM_____ PM AM TO_____ PM |

| EDUCATIONAL BACKGROUND | NAME AND ADDRESS | YEARS ATTENDED | GRADUATED | TYPE OF DEGREE, CERT DIPLOMA |
|---|---|---|---|---|
| HIGH SCHOOL | | | | Yes  No |
| COLLEGE, OR UNIVERSITY | | | | Yes  No |
| BUSINESS, TRADE SCHOOL OR JUNIOR COLLEGE | | | | Yes  No |
| OTHER | | | | Yes  No |

FORM #1052                      **WE ARE AN EQUAL OPPORTUNITY EMPLOYER**                      EV. 1/17

# D'

## D'AGOSTINO

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(Please Print Clearly)

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| First Name | MI | Last | Social Security Number |
|---|---|---|---|
| | | | - - |

| Street Address | | Apt. # | City | State | Zip Code |
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| Telephone # ( ) - | Have you ever worked for the company | yes no | If yes, what location? | Date of Employment From: To: |
|---|---|---|---|---|
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Yes   No   If yes, provide the information requested in the lines below.

| DATE | LOCATION and employer (If Applicable) | DETAILS | Are you recovered? | If no, give details |
|---|---|---|---|---|
| | | | Yes   No | _____ |
| | | | Yes   No | _____ |

| How were you referred to the company | In case of an emergency, notify the following person: |
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## EMPLOYMENT INTERESTS

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|---|---|---|---|---|---|---|
| FROM_____ AM PM | FROM _____ AM PM | FROM_____ AM PM | FROM _____ AM PM | FROM _____ AM PM | FROM_____ AM PM | FROM_____ AM PM |
| TO_____ AM PM | TO _____ AM PM | TO _____ AM PM | TO_____ AM PM | TO _____ AM PM | TO _____ AM PM | TO_____ AM PM |

| EDUCATIONAL BACKGROUND | NAME AND ADDRESS | YEARS ATTENDED | GRADUATED | TYPE OF DEGREE, CERT DIPLOMA |
|---|---|---|---|---|
| HIGH SCHOOL | | | | Yes  No |
| COLLEGE, OR UNIVERSITY | | | | Yes  No |
| BUSINESS, TRADE SCHOOL OR JUNIOR COLLEGE | | | | Yes  No |
| OTHER | | | | Yes  No |

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# EMPLOYMENT HISTORY

Please list ALL JOBS, beginning with your present or last employer. Account for ALL time periods, including UNEMPLOYMENT, SELF-EMPLOYMENT, and U.S. MILITARY SERVICE. If space is insufficient, list on a separate page or additional application form.

| Company Name | Type of Business | **Employment Dates (Month and Year)** |
|---|---|---|
| Address | Telephone # | |
| Job Title | Describe Duties and Responsibilities | |
| Name of Supervisor | Reason for leaving or wishing to leave | **May we contact your employer?** Y _____ N _____ |

| Company Name | Type of Business | Employment Dates (Month and Year) |
|---|---|---|
| Address | Telephone # | |
| Job Title | Describe Duties and Responsibilities | |
| **Name of Supervisor** | **Reason for leaving or wishing to leave** | May we contact you employer? Y _____ N _____ |

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| Address | Telephone # | |
| Job Title | Describe Duties and Responsibilities | |
| Name of Supervisor | Reason for leaving or wishing to leave | May we contact you employer? Y _____ N _____ SPECIAL |

### EMPLOYMENT NOTICE

If employed, I agree to conform to all of the policies and procedures of the company and recognize that my employment and compensation can be terminated, with or without just cause, and without notice at any time. I understand that no employee of the company has authority to enter into any agreement for employment for a specific period of time.

### STATEMENT

I certify the facts set forth in my application for employment are true and complete. I understand that, if employed, false statements on the application shall be considered sufficient cause for dismissal. I authorize the company to verify all statements contained in this application and to make any necessary reference checks except as limited above for my present employer.

Applicant's
Signature: _____  Date: _____

*The application is considered active for 60 days from the above date.*

# OFFICIAL USE ONLY
## Interviewer's Name and Comments

_____
_____
_____
_____
_____
_____

## SECTION TO BE COMPLETED WHEN HIRED:

1. Store #:_____   Hire Date: _____   Job Title_____

Dept. #:_____   Birth Date: _____   Sex:   M_____ F_____

Salary/Rate (enter only one)   1- Full Time Weekly Pay $_____   2. -Part Time Hourly Rate $_____

Approval Signature: _____

_____ Date:_____