

Martindale's Natural Market

1172 Baltimore Pike, Springfield, PA 19064 610.543.6811



EMPLOYMENT APPLICATION

FOR OFFICE USE ONLY

Date: _____

Rate of Pay: _____

1. APPLICANT INFORMATION

Applicant Name: _____

Day/Evening phone: _____

Address: _____

City/State/ZIP: _____

Number of years at this address: _____

2. EMERGENCY CONTACT

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Daytime phone: _____

Evening phone: _____

3. Have you applied to our company previously? _____ Yes _____ No If yes, when? _____

4. Are you at least 18 years old? _____ Yes _____ No

5. Applying for Full Time _____ Part Time _____

Are you willing to work any shift, including nights/weekends (Saturdays)? _____ Yes _____ No

If no, please state why: _____

6. If offered employment, when would you be available to begin work? _____

7. Are you legally eligible for employment in the United States? _____ Yes _____ No

8. APPLICANT'S SKILLS

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each particular skill. (One = poor ability, while five = exceptional ability.)

Skill	Years of Experience	Ability or Rating
<input type="checkbox"/> Customer Service	_____	1 2 3 4 5
<input type="checkbox"/> Register	_____	1 2 3 4 5
<input type="checkbox"/> Answering Telephones	_____	1 2 3 4 5
<input type="checkbox"/> Microsoft Office Suite (Word, Excel, etc.)	_____	1 2 3 4 5
<input type="checkbox"/> Other _____	_____	1 2 3 4 5

9. APPLICANT EMPLOYMENT HISTORY

List your current or most recent employment first:

Employer Name: _____ Supervisor Name: _____

Address: _____ City/State/ZIP: _____

Job Duties: _____ Salary upon Leaving: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____ Business Phone # _____

Employer Name: _____ Supervisor Name: _____
Address: _____ City/State/ZIP: _____
Job Duties: _____ Salary upon Leaving _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____ Business Phone # _____

Employer Name: _____ Supervisor Name: _____
Address: _____ City/State/ZIP: _____
Job Duties: _____ Salary upon Leaving _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____ Business Phone # _____

10. APPLICANT'S EDUCATION and TRAINING

College/University Name/Address

Received a degree? ____ No ____ Yes If yes, degree received: _____

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

Military Service:

_____ Yes _____ No Branch: _____ Specialized Training: _____

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

If an employment relationship is created, I understand that my employment relationship will be "at will." The relationship will be entirely voluntary in nature, and either my employer or I will be able to terminate the employment relationship at any time and without cause. I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right to end the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE