



# Sendik's

SENDIK'S FINE FOODS, INC.  
18985 W. Capitol Drive  
Brookfield, WI 53045

## APPLICATION FOR EMPLOYMENT

### GENERAL INFORMATION

Please type your answers in the appropriate sections. You must complete all sections of the application. Mark n/a if sections are not applicable to you. Incomplete applications will not be accepted. We are an Equal Opportunity Employer.

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Cell Phone
Email Address			Social Security Number
Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No			Position Applied For
If Yes: Month and Year			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.			Salary Desired \$
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No We hire only U.S. citizens and aliens authorized to work in the U.S. We will require all new employees to complete the designated employers verification form and present documentation to certify eligibility for employment in the United States.			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
How were you referred to Sendik's? <input type="checkbox"/> Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> School <input type="checkbox"/> Newspaper <input type="checkbox"/> Other (please indicate)			When will you be available to begin work?

### AVAILABILITY

To help us consider you for a job that matches your availability, please indicate the earliest and latest time you can work each day.

DAY	MON.	TUES.	WED.	THUR.	FRI.	SAT.	SUN.
EARLIEST TIME							
LATEST TIME							

Indicate the maximum number of hours you can work per week: \_\_\_\_\_

Indicate the number of hours you would prefer to work each week: \_\_\_\_\_

## EDUCATION

School	Name and Location (City, State)	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____

## SPECIAL TRAINING/SKILLS/QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying: \_\_\_\_\_

List all equipment (office or trade) that you operate proficiently: \_\_\_\_\_

Have you ever held a supervisory position?    Yes    No   How many employees did you supervise? \_\_\_\_\_

Where did you hold a supervisory position? \_\_\_\_\_

## EXPERIENCE

In the space below, indicate the job in which you've had experience and the amount of time spent working in that area.

Shipping and Receiving

Cash Register

Retail Floor

General Office

## EMPLOYMENT

List your current or most recent employer first and indicate a continuous record of employment for the last ten years or from the time you left school. Please add a supplementary sheet if additional space is required. If you are currently employed, may we contact your employer as a reference?      Yes      No

Name of Employer	Telephone
Address	Employed (State Month and Year) From _____ To _____
Job Title	Starting Rate \$ _____ Per _____
Job Duties	Final Rate \$ _____ Per _____
Name and Job Title of Supervisor	Reason For Leaving
Name of Employer	Telephone
Address	Employed (State Month and Year) From _____ To _____
Job Title	Starting Rate \$ _____ Per _____
Job Duties	Final Rate \$ _____ Per _____
Name and Job Title of Supervisor	Reason For Leaving
Name of Employer	Telephone
Address	Employed (State Month and Year) From _____ To _____
Job Title	Starting Rate \$ _____ Per _____
Job Duties	Final Rate \$ _____ Per _____
Name and Job Title of Supervisor	Reason For Leaving
Name of Employer	Telephone
Address	Employed (State Month and Year) From _____ To _____
Job Title	Starting Rate \$ _____ Per _____
Job Duties	Final Rate \$ _____ Per _____
Name and Job Title of Supervisor	Reason For Leaving

## EMPLOYMENT REFERENCES

List individuals familiar with your job qualifications (no relatives or personal friends).

Name _____	Day Telephone _____	Evening Telephone _____
Address _____		
Relationship _____	How long known? _____	
Name _____	Day Telephone _____	Evening Telephone _____
Address _____		
Relationship _____	How long known? _____	

## BACKGROUND INFORMATION

Have you ever been known by any other name(s) which this company will need to verify any of the information contained in this application?  Yes  No If yes, give name(s) and identify the related school, employer, etc.

Answer this question ONLY if you are applying for a driver's position. This information is required to conduct a driver's license check.

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations?  
 Yes  No If yes, explain 1) nature of the crime, 2) date of conviction and 3) state in which convicted.

Do you have any pending criminal charges against you?  Yes  No If yes, describe 1) nature of charges, 2) date issued and 3) county and state where issued.

\*Note: A criminal record or a pending criminal charge does not constitute an automatic bar to employment by the company and will be considered only as it relates to the job for which you are applying.

## PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.

I authorize Sendik's to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

Regardless of whether or not I become employed by Sendik's, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at Sendik's is on an at will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's unless specifically provided otherwise in a written employment contract.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your interest in Sendik's.**