

Greenbelt



Supermarket Pharmacy

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Name: _____
Last First Middle Maiden

Date: _____ Social Security No.: _____

Phone: _____
Home Cell Other

Email Address: _____

Are you 18 years of age or older? Yes / No (circle one)

Address: _____
Street Address City State Zip How long?

Last Previous Address: _____
Street Address City State Zip How long?

What prompted your application? Ad / Flyer / Web / Referred by: _____ Other _____ (circle one)

Position Desired: _____ Other positions you would consider: _____

Are you looking for: **full-time** or **part-time** work? **temporary** or **permanent**? (circle) Salary expected: \$ _____

Can you work: Saturdays / Sundays / Nights? (circle all that apply) When are you available? _____

How long do you expect to work? _____ Are there any limits to your scheduling? _____

For **part-time employment**: Reason for desiring part-time? Student / Other employment / Other: _____ (circle one)

I can work: Mon ___ to ___ / Tues ___ to ___ / Wed ___ to ___ / Thurs ___ to ___ / Fri ___ to ___ / Sat ___ to ___ / Sun ___ to ___

Dates	Name & Address of Employer	Salary	Job Duties
Month / Year	Business: _____ Address: _____	Starting \$	Title: _____ Duties: _____
Month / Year	Supervisor Name: _____ Supervisor Title: _____ Phone: _____ Email: _____	Ending \$	Reason for Leaving: _____

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School/Institution	Grade Completed	Year Graduated (if no, explain)	Major/Curriculum of Study

Do you have any other education, experience, special skills or interests that you would like to let us know about to help us best place you in our organization? (i.e. computer skills, pallet jack operation, web skills, certifications): _____

Why are you applying to work here? _____

What do you think you could bring to the Co-op team (i.e. skills, personal qualities, experiences)? _____

What does customer service mean to you? _____

A customer is upset and feels that a product that they have purchased is unsatisfactory and comes to you with a complaint. How would you handle their concern? _____

You suspect a customer has just stolen an item. What would you do? _____

How would others describe you? _____

Present Service Classification: _____ Military Service: _____ Dates & Location: _____

Have you ever worked for Co-op? _____ If so, when? _____ Job Duties? _____

Do you have any relatives employed by Co-op? _____ Is there anything in your past record that might prevent your being bonded? _____ Have your wages ever been garnished? _____ If yes, to whom and what was the extent of indebtedness (\$) _____

I understand that under Maryland State law, job applications and employees cannot be required to take polygraph or similar test as a condition of employment or continued employment.

I certify that all the information on this application is true, correct and complete, and I understand that falsification is just cause for dismissal. I authorize the references listed to give you and any and all information and release all parties from all liability for any damage from furnishing the same to you.

Signature _____

Date _____