



Application For Employment

Date Of Application	Position(s) Applied For
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The following information is requested in order to help evaluate and analyze your skills and ultimately to make the best possible placement within the company. All portions of this application pertaining to you must be completed. Dorignac's, in accordance with the state and federal laws does not discriminate on the basis of age, race, religion, color, sex, national origin, or disability where otherwise qualified.

Last Name			First Name			Middle Name		
Street Address						Phone Number		
City		State		Zip Code		Email Address		
Employment Desired _____ Part-Time _____ Full-Time _____ Temporary								
Salary or Hourly Rate Desired								
Please Indicate Hours, Time and Days Of The Week You Are Available To Work.								
Date Available To Start Work				Can You Work Overtime When Needed?				
Are You Employed Now? _____ Yes _____ No								
If Yes, May We Contact Your Present Employer? _____ Yes _____ No								
Have You Ever Worked For Dorignac's Food Center Before? _____ Yes _____ No								
When?								
Why Did You Leave?								
Do You Have Any Relatives Who Work For Dorignac's Food Center? If Yes, List Their Name(s).								
If Employed, Can You Verify That You Are At Least 18 Years Of Age?								
How Were You Referred To Us? _____ Advertisement _____ Walk-In								
Name _____ Employee _____ Relative								
_____ Other:								
Have You Ever Been Convicted Of A Crime? _____ Yes _____ No If Yes, Please Explain.								
Note: A Conviction Will Not Necessarily Disqualify An Application From Consideration For Employment.								

Dorignac's Food Center Is A Drug Free Workplace.

An Equal Opportunity Employer

Education

School Name	Complete School Address	No. Of Years Completed	Graduated? (Put Yes Or No)
High School or GED			
College			
Technical or Trade School			

Employment History (Put Your Most Recent Or Current Employer First)

Employer Name	Address	Phone
Supervisor's Name / Supervisor's Title		
Your Job Duties		
Dates Of Employment	Started:	Ended:
Rate of Pay	Started:	Ended:
Reason For Leaving		

Employer Name	Address	Phone
Supervisor's Name / Supervisor's Title		
Your Job Duties		
Dates Of Employment	Started:	Ended:
Rate of Pay	Started:	Ended:
Reason For Leaving		

Employer Name	Address	Phone
Supervisor's Name / Supervisor's Title		
Your Job Duties		
Dates Of Employment	Started:	Ended:
Rate of Pay	Started:	Ended:
Reason For Leaving		

References (List 2 business/work references NOT related to you)

Name	Phone Number
Name	PhoneNumber



IMPORTANT: READ CAREFULLY!

I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or immediate dismissal.

I understand that the use of this form does not indicate that there are positions open and does not in any way obligate the Company. If employed, I will comply with the Company's rules and regulations. Further, I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary be terminated at any time, for any reason, without notice. No person other than the President of the Company may modify or amend the provisions stated herein.

I hereby authorize release of any information regarding any criminal convictions that may exist against me and ask my former employer(s) and all other persons named herein who might have information concerning me to give any information regarding my former employment or any other information they may have regarding me whether or not the same is a matter of record and I hereby release them and each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

I certify that all statements made by me on the application are true and complete.

I hereby acknowledge that I have read and understood the above statement.

DATE

SIGNATURE

