



APPLICATION FOR EMPLOYMENT

3065 New York 50, Saratoga Springs, New York · HealthyLivingMarket.com/Employment · NYHR@HealthyLivingMarket.com

ABOUT YOURSELF

LAST NAME _____ FIRST NAME _____

TODAY'S DATE _____ PHONE _____

ADDRESS _____ CITY, STATE, ZIP _____

EMAIL _____ ARE YOU AT LEAST 18 YEARS OLD? YES / NO

WHAT IS THE BEST WAY TO CONTACT YOU? PHONE / EMAIL

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE ELIGIBLE TO WORK IN THIS COUNTRY? YES / NO

WHICH DAYS OF THE WEEK ARE YOU AVAILABLE TO WORK? MON / TUE / WED / THU / FRI / SAT / SUN

HOURS PER WEEK DESIRED: PART TIME (< 32 HOURS PER WEEK) / FULL TIME (> 32 HOURS PER WEEK)

WHEN WOULD YOU BE AVAILABLE TO START? _____

DEPARTMENT DESIRED (OR DEPARTMENTS OF INTEREST) _____

HAVE YOU EVER BEEN EMPLOYED BY HEALTHY LIVING MARKET AND CAFÉ BEFORE? YES / NO IF SO, WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION (EXCLUDING TRAFFIC VIOLATIONS)? YES / NO

IF YES, PLEASE PROVIDE DETAILS. (CONVICTION OF A CRIME WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.) _____

EDUCATION

HIGH SCHOOL _____ YEARS _____ DEGREE/DIPLOMA _____

ADVANCED/SPECIALIZED/COLLEGE LEVEL _____ YEARS _____ DEGREE/DIPLOMA _____

THOUGHTS

TELL US YOUR IDEAS ON CUSTOMER SERVICE. WHAT DOES IT MEAN TO YOU? _____

WHAT CAN YOU PERSONALLY CONTRIBUTE TO HEALTHY LIVING MARKET AND CAFÉ? _____

WORK HISTORY

PLEASE LIST IN CONSECUTIVE ORDER WITH LAST/CURRENT EMPLOYER FIRST. ACCOUNT FOR ALL PERIODS OF TIME INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT.

EMPLOYER 1 _____

LOCATION _____ PHONE _____

JOB DESCRIPTION/DUTIES _____

PAY SCALE (START AND FINISH) _____ EMPLOYMENT DATES _____

SUPERVISOR (NAME/TITLE) _____ MAY WE CONTACT THIS PERSON? YES / NO

EMPLOYER 2 _____

LOCATION _____ PHONE _____

JOB DESCRIPTION/DUTIES _____

PAY SCALE (START AND FINISH) _____ EMPLOYMENT DATES _____

SUPERVISOR (NAME/TITLE) _____ MAY WE CONTACT THIS PERSON? YES / NO

EMPLOYER 3 _____

LOCATION _____ PHONE _____

JOB DESCRIPTION/DUTIES _____

PAY SCALE (START AND FINISH) _____ EMPLOYMENT DATES _____

SUPERVISOR (NAME/TITLE) _____ MAY WE CONTACT THIS PERSON? YES / NO

REFERENCES

PLEASE LIST 3 REFERENCES, 2 OF WHICH SHOULD BE PROFESSIONAL.

REFERENCE 1 _____

PHONE # _____ RELATIONSHIP _____

REFERENCE 2 _____

PHONE # _____ RELATIONSHIP _____

REFERENCE 3 _____

PHONE # _____ RELATIONSHIP _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted) and past employers named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that this application or subsequent employment does not create a contract of employment nor guarantees employment for any definite period of time. I understand that if I am hired it will be at the will of the employer, and my employment may be terminated by me or the employer, at any time, without any procedure or formality, for any reason or for no reason, and with Healthy Living Market and Café's sole obligation being payment of wages earned through the last day worked.

Healthy Living Market and Café does not discriminate on the basis of age, race, creed, national origin, gender, ancestry, sexual preference, disability or marital status. It is Healthy Living Market and Café's intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors. Healthy Living Market and Café is an equal opportunity employer.

I have read and understand the above statements. My signature gives my consent to these statements.

SIGNATURE _____ DATE _____