

Employment Application 03.23

Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status.

Date of Application _____

Name _____

Present Address _____

No Street City State Zip

How long have you lived at this address? _____ Telephone No. () _____

Job applied for _____ Rate of pay expected \$ _____ per _____

How did you learn of this opening? _____

Availability

List hours **AVAILABLE** to work per week: () check here available anytime

| Monday From To | Tuesday From To | Wednesday From To | Thursday From To | Friday From To | Saturday From To | Sunday From To |
|-------------------|--------------------|----------------------|---------------------|-------------------|---------------------|-------------------|
| | | | | | | |

How many hours per week would you like to work? _____

Have you ever worked for any Legacy Markets location? () Yes () No

Rate Yourself!

1= Improvement Needed 2 = OK 3 = Good 4 = Very Good 5 = Top Performer

- _____ Energy Level – your sense of urgency, self-motivation, and enthusiasm
- _____ Communication Skills – your ability to listen well, express ideas clearly and accept feedback
- _____ Hospitality – your natural friendliness and customer service skills
- _____ Reliability – your dependability, attendance, self-discipline, and dedication
- _____ Personal Pride – your appearance, hygiene and achievement
- _____ Teamwork – your cooperation with others and team spirit.

1. What achievement are you most proud of? _____
2. What are your personal strengths? _____
3. What are your weakest areas? _____
4. Why do you want to work for Legacy Markets? _____
5. Can you perform the essential function of this job, with or without accommodations? _____
6. In case of emergency, contact: _____ Phone _____
7. Do you have any relatives or friends currently working for Legacy Markets, The Bank Arcade or Wicked Hits?
() Yes () No. If yes, state relationship to you. _____
8. If hired, can you lift at least at 40 pounds and can you stand up to 6 to 14 hours per day? () Yes () No
9. Do you have reliable transportation? () Yes () No
10. Do you have reliable phone service? () Yes () No

In the event you are required to use your personal or company automobile to conduct company business, please complete the following:

Do you have a valid driver's license? () Yes () No If yes, indicate _____ State _____ No.

Do you have automobile liability insurance () Yes () No

Past Employment (beginning with most recent)

May we contact your past or current employers? () Yes () No

| Name, Address and Phone # of Company | From | To | Last Position Held | | Salary | | Reason for Leaving | Name of Supervisor |
|--------------------------------------|-------|-------|--------------------|--------|--------|-----|--------------------|--------------------|
| | Mo/Yr | Mo/Yr | Title | Duties | Begin | End | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Personal References (not former employers or relatives)

| Name & Address | Occupation | Phone No. |
|----------------|------------|-----------|
| | | |
| | | |

Record of Education

| Name & Address | Circle Last Year Completed | | | | Did you graduate? |
|----------------|----------------------------|---|---|---|-------------------|
| | 1 | 2 | 3 | 4 | |
| | | | | | |
| | | | | | |

Background

Are you 21 years of age or older? () Yes () No If no, date of birth ____ / ____ / ____

Have you ever been convicted or pled guilty or nolo contendere to any crime involving violence to another person? () Yes () No

Have you ever been convicted or pled guilty or nolo contendere to any crime involving dishonesty, theft, fraud or embezzlement? () Yes () No

Have you ever been convicted or pled guilty or nolo contendere to any sexual crimes including rape, assault or involving minors? () Yes () No

Have you ever been convicted or pled guilty or nolo contendere to any crime involving distribution or intent to distribute illegal drugs or other controlled substances? () Yes () No

Have you ever been counseled or disciplined for cash handling violations? () Yes () No

IMPORTANT - READ BEFORE SIGNING

I certify that information given herein is true and complete to the best of my knowledge.

I understand that incorrect, misleading or incomplete information on this application may result in immediate termination of employment. I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time and for any reason. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs before and during employment. I hereby release employers, schools, persons or organizations from all liability in responding to inquiries in connection with my application. I authorize this employer to conduct any necessary background checks for any verification.

Signature of Applicant

Date