APPLICATION FOR EMPLOYMENT

M&M MARKET

330 EAST 11TH STREET, DOVER
330-364-1711

Applications are considered for all positions without regard to race, religion, color, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(Please Print)

Name: _____
Last First Middle

_____
Date

Address: _____
Street

(____) _____
Home Phone

_____

(____) _____
Cell Phone

City State Zip

-Have you ever applied for employment with us? __ Yes __ No

Will you work overtime if asked? __ Yes __ No

-Position desired, be specific: _____

-How did you learn about M&M? _____

____-____-_____
(office use only)

-When will you be available to begin work? _____

-Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
__ Yes __ No (Proof of citizenship or immigration status may be required upon employment.)

-Are you available to work: __Full time __Part time __Sundays __Weekends
What hours can you work?_____

-Are you on lay-off and subject to recall? __ Yes __ No

-Have you been convicted of a felony in the last 7 years?
_ Yes _ No (Conviction will not necessarily disqualify applicant from employment.)
If Yes, please explain: _____

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
College				_ Yes _ No	
Business\Trade\ Technical				_ Yes _ No	
High School				_ Yes _ No	

MILITARY	Did you serve in the Armed Forces? _ Yes _ No	If Yes, in what branch?
Describe any training you received:		
	Please give accurate and complete full-time and part-time	

EMPLOYMENT EXPERIENCE

employment record. Start with your present or most recent employer.

1	Company Name	Telephone ( )
	Address	Employed - (State month and year) From: To:
	Name of Supervisor	Hourly pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Telephone ( )
	Address	Employed - (State month and year) From: To:
	Name of Supervisor	Hourly pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Telephone ( )
	Address	Employed - (State month and year) From: To:
	Name of Supervisor	Hourly pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving
4	Company Name	Telephone ( )
	Address	Employed - (State month and year) From: To:
	Name of Supervisor	Weekly pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving

M&M Market is a smoke free work place - Acceptance of employment indicates a willingness to comply with non-smoking regulations. M&M Market also reserves the right to test for drugs.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE _____ **SIGNATURE** _____