



ORCHARD MARKET EMPLOYMENT APPLICATION



An Equal Opportunity Employer

It is the policy of the Company to afford equal employment opportunity regardless of a person's age, race, religion, color, national origin, sex, marital status, height, weight, qualifying disability, veteran status or other legally protected characteristic. If hired, you will be required to certify your U.S. citizenship or authorized alien status.

NAME (Last, First, Middle Initial) _____ TODAY'S DATE _____

Street Address _____ City _____ State _____ Zip _____ E-mail Address _____ Phone Number _____

INSTRUCTIONS

The careful completion of this application is an essential step in our consideration of you for employment. You must complete the entire application. Ask for an extra piece of paper if you need to clarify or complete any responses. Your application will become inactive after 60 days unless you inform our H.R. Manager, in writing, and prior to the expiration of the 60-day period, that you want your application to remain active for an additional 30 days. **Before you sign this application, read it carefully, especially the last page.** If you need a reasonable accommodation in order to complete this application form, please notify the Store Manager. Thank you.

GENERAL

ARE YOU PRESENTLY EMPLOYED? ____ IF YES, WHERE? _____

ARE YOU SUBJECT TO RECALL AT ANOTHER JOB? ____ IF YES, EXPLAIN _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? ____ IF SO, WHEN AND FOR WHAT POSITION? _____

ARE YOU RELATED TO OR KNOW ANYONE WHO CURRENTLY WORKS HERE? _____
IF YES, PLEASE NAME THE INDIVIDUAL(S) _____

POSITION FOR WHICH YOU ARE APPLYING

POSITION(S) (USE SPECIFIC TITLE) _____ DATE AVAILABLE _____

FULL-TIME _____ PART-TIME _____ SEASONAL _____

TO HELP US CONSIDER YOUR APPLICATION, PLEASE TELL US THE EARLIEST AND LATEST TIME YOU CAN WORK EACH DAY.

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
EARLIEST TIME							
LATEST TIME							

MAXIMUM HOURS YOU CAN WORK: _____ NUMBER OF HOURS PREFERRED EACH WEEK: ____ DATE AVAILABLE TO BEGIN WORK: _____

ARE YOU AVAILABLE TO WORK OVERNIGHT (3RD SHIFT) IF NEEDED? ____ YES ____ NO WAGE/SALARY DESIRED: _____

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMMODATION? _____

EDUCATION HISTORY

Name and Location	Course of Study	Years Completed	Graduate? Yes No	Diploma or Degree	GPA
HIGH SCHOOL _____					
COLLEGE _____					
OTHER _____					

OTHER FORMAL EDUCATION OR EXPERIENCE THAT YOU FEEL IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING: _____

MISCELLANEOUS INFORMATION

ARE YOU AT LEAST 18 YEARS OLD? _____ DO YOU HAVE LEGAL AUTHORIZATION TO WORK IN THE U.S.? _____
IF UNDER 18, CAN YOU SUBMIT A WORK PERMIT? _____ YES _____ NO
HAVE YOU WORKED UNDER A DIFFERENT NAME? _____ IF YES, PROVIDE EACH DIFFERENT NAME: _____
HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, STATE THE CRIME(S) _____
ARE ANY FELONY CHARGES CURRENTLY PENDING AGAINST YOU? _____ IF YES, EXPLAIN: _____
HAVE YOU EVER BEEN DENIED BONDING? _____ IF YES, EXPLAIN _____
DO YOU HAVE ANY OTHER EMPLOYMENT OR "SIDELINE" BUSINESS? _____
DO YOU PLAN TO CONTINUE THIS IF EMPLOYED BY US? _____

EMPLOYMENT HISTORY

(List below past and present employment, starting with most recent. Include employment with U.S. military service. Do not skip any employers. Use more paper if necessary.)

1. NAME AND ADDRESS _____
POSITION _____ LAST SALARY/WAGE _____
DESCRIPTION OF DUTIES _____
SUPERVISOR'S NAME(S) _____ DATES EMPLOYED: FROM _____ TO _____
REASON(S) FOR LEAVING _____

2. NAME AND ADDRESS _____
POSITION _____ LAST SALARY/WAGE _____
DESCRIPTION OF DUTIES _____
SUPERVISOR'S NAME(S) _____ DATES EMPLOYED: FROM _____ TO _____
REASON(S) FOR LEAVING _____

3. NAME AND ADDRESS _____
POSITION _____ LAST SALARY/WAGE _____
DESCRIPTION OF DUTIES _____
SUPERVISOR'S NAME(S) _____ DATES EMPLOYED: FROM _____ TO _____
REASON(S) FOR LEAVING _____

4. NAME AND ADDRESS _____
POSITION _____ LAST SALARY/WAGE _____
DESCRIPTION OF DUTIES _____
SUPERVISOR'S NAME(S) _____ DATES EMPLOYED: FROM _____ TO _____
REASON(S) FOR LEAVING _____

Which of the above jobs did you like best? _____

Why? _____

Which of these jobs did you like least? _____

Why? _____

References:

1. NAME AND ADDRESS _____ BUSINESS _____ YEARS ACQUAINTED _____ PHONE NUMBER _____
2. NAME AND ADDRESS _____ BUSINESS _____ YEARS ACQUAINTED _____ PHONE NUMBER _____

APPLICANT STATEMENT

(You Must Date and Sign This Applicant Statement To Be Considered For Employment)

AFFIRMATION. I affirm that the information provided on this application (and accompanying resume or other materials, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in termination of my employment if discovered at a later date.

AUTHORIZATION. I authorize the Company to investigate all statements contained in this application, to contact my previous employers, to contact educational institutions I attended, and to discuss with them my employment/education history with them. I authorize my former employers and any educational institutions I have attended to disclose and discuss my employment/education history and records, including my disciplinary records, and waive any right to notice of such disclosure or discussion.

EXAMINATIONS. Should I receive a conditional offer of employment, I agree to submit to any physical, medical, and/or psychological examination. I further authorize any physician, counselor or other treater conducting such examinations to release to and discuss with the Company the results of such examinations.

ACCOMMODATIONS. I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Company to attempt to make a reasonable accommodation for it. I must make my request in writing to the H.R. Manager as soon as possible, and under the Michigan Persons with Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

DRUG/ALCOHOL TESTS. I give my consent for the Company, through an authorized testing service of its choice, to collect blood, urine or other samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. I authorize the testing service to release to and discuss with the Company the test results and other relevant medical information. If I am accepted for employment, I also consent to be tested in the above manner during my employment when, in the Company's judgment, such testing is appropriate. I acknowledge that remaining free of illegal drug use and complying with the Company's drug and alcohol policies is a condition of my employment.

AT-WILL EMPLOYMENT. I understand that all employees of the Company are employed on an at-will basis. I understand that this means that my employment is for an indefinite period of time and may be terminated by either the Company or me at any time, with or without cause, and with or without prior notice, warning or discipline. No person has any authority to offer employment for any specified period or to make any contract contrary to the foregoing except for the President of the Company. Moreover, no such agreement will be enforceable unless it is in writing, pertains specifically to me, and has been signed by the President.

RELEASE. I release my current and former employers, the educational institutions I have attended, the physicians/counselors/treaters who examine me, the drug/alcohol testing service, the Company and each of their staffs and employees from any and all liability associated with the disclosure and discussion of any information, records or other documents that pertain to me.

CRIMINAL/CREDIT HISTORY. In addition, depending on the position for which I am applying, I understand that the Company may request a criminal and/or credit history pertaining to me. If such a check will be required, I understand that I will be provided with additional notices and information about that process and my rights.

WAIVER OF LIMITATIONS PERIODS. In exchange for the Company considering my application for employment and/or hiring me, and except as prohibited by law, I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my application for employment, employment or termination of employment within 240 days of the event giving rise to the claim and/or lawsuit (unless the applicable statute of limitations is shorter than 240 days, in which case the shorter time period will apply). **I understand that applicable statutes of limitations may be longer than 240 days. However, I agree to be bound by this shorter, 240-day period of limitations and accordingly WAIVE ANY LONGER STATUTE OF LIMITATIONS TO THE CONTRARY.**

I HAVE CAREFULLY READ THE FOREGOING APPLICANT STATEMENT. I UNDERSTAND EACH PARAGRAPH OF THE APPLICANT STATEMENT. I AGREE TO EACH PROVISION SET FORTH IN THE APPLICANT STATEMENT.

DATE: _____

APPLICANT SIGNATURE