

## Henning's Market — APPLICATION FOR EMPLOYMENT 290 Main Street, Harleysville, PA 19438

**Henning's Market** is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

## PERSONAL: \_\_\_\_ Date \_\_\_\_ Middle Name First Address Number & Street Citv State Zip Code □Full Time □Part Time □Night □Shift □Temporary Position Sought If you are applying for any employment other than full-time, please specify your availability: □Sat AM/PM to AM/PM □Thur PLEASE NOTE THERE IS NO GUARANTEE HENNING'S MARKET CAN OFFER EMPLOYMENT THAT □Sun ACCOMODATES APPLICANT'S AVAILABILITY TO WORK. Date Available \_\_\_\_\_ Salary Desired \_\_\_\_ Phone Number \_\_\_\_ Email Address Are you over 18 years old? □Yes □No Are you legally eligible for employment in the United States? □Yes □No If offered employment, you will be required to provide documentation to verify eligibility. How were you referred to us? □Online Ad □Newspaper Ad □Employment Agency □Walk-In □Friend □Relative □Other EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking. High School: No. of Yrs Completed (circle one) 1 2 3 4 Diploma: □Yes □No G.E.D.: □Yes □No School(s) \_\_\_\_\_ City/State \_\_\_\_ College and/or Vocational School: Number of Years Completed (circle one) 1 2 3 4 School(s) City/State \_\_\_\_ Major \_\_\_\_\_ Degrees Earned Other Training or Degrees: School(s) \_\_\_\_\_ City/State \_\_\_\_ Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

•		Henning's Market? □Yes □No ition and dates of employment:	_			
EMPLOYMENT: List last employer first, including U.S. Military Service.  May we contact your present employer? □Yes □No  If any employment was under a different name, indicate name						
Employer		Phone:				
Address						
Position		Dates of Employ: From mo/yr To	mo/yr			
Salary	Supervisor	Department				
Duties		□FT □PT No. of Hrs				
Reason for Le	eaving					
Employer		Phone:				
Address						
Position		Dates of Employ: From mo/yr To	mo/yr			
Salary	Supervisor	Department				
Duties		DFT DPT No. of Hrs				
Reason for Le	eaving					
Employer		Phone:				
Address						
Position		Dates of Employ: From mo/yr To	mo/yr			
Salary	Supervisor	Department				
Duties		DFT DPT No. of Hrs				
Reason for Le	eaving					
Employer		Phone:				
Position		Dates of Employ: From mo/yr To	mo/yr			
Salary	Supervisor	Department				
Duties						
Reason for Le	eaving					
Employer		Phone:				
Address						
Position		Dates of Employ: From mo/yr To	mo/yr			
Salary	Supervisor	Department				
Duties		DFT DPT No. of Hrs				
Reason for Le	eaving					

If you wish to describe additional work seperate piece of paper.	experience	e, attach t	he inforn	nation for e	each position	on on a	
Explain any gaps in work history:							
Have you ever been discharged or ask	ed to resig	ın from a j	job for m	isconduct?	Yes	□No	
If yes, explain:							
RECORD OF CONVICTION:  During the last ten years, have you even Yes No If yes, explain:  A conviction will not necessarily automatically disconviction, seriousness and nature of the crime,	squalify you f	or employm	ent. Rather	r, such factors			
PROFESSIONAL LICENSE OR MEME	BERSHIP:						
Type of License(s) Held		License Expiration Date					
Other Professional Memberships You need not disclose membership in profession sex, religion, national origin, ancestry, age, disab	nal organizati	ons that ma	y reveal int an status c	formation rega or any other p	arding race, c	olor, creed,	
OTHER QUALIFICATIONS OR SKILLS	3:						
Describe any special qualifications or sposition you seek:	skills you h	ave acqui	red, whic	ch you beli	eve to app	ly to the	
Please indicate foreign languages you	are familia	ar with:					
Language	□Fluent	□Good	□Fair	□Speak	□Read	□Write	
Language	□Fluent	□Good	□Fair	□Speak	□Read	□Write	
Language	□Fluent	□Good	□Fair	□Speak	□Read	□Write	
REFERENCES:							
Professiona	al					Personal	
Name	_		Name _				
Relationship	_		Relation	nship			
Phone ()	_		Phone	()_			
Name	_		Name <sub>.</sub>				
Relationship			Relation	nship			
Phone ( )			Phone	( )			

Signature of Applicant	Date:			
APPLICANT'S CERTIFICATION AND AGREEN hereby certify that the facts set forth in the above to the best of my knowledge and authorize Henn accuracy, initiate a criminal history background of reference information on my work performance a t's designee from any/all liability of whatever kine	IENT we employment application are true and complete ing's Market or it's designee to verify their sheck, examine my credit history, and to obtain and history. I hereby release Henning's Market and d and nature which, at any time, could result from			
obtaining and having an employment decision ba understand that, if employed, falsified statemen this application shall be considered sufficient bas	its of any kind or omissions of facts called for on			
understand that neither the policies, rules, regula nterview process shall be deemed to constitute understand that any employment offered is for a	mployment of Henning's Market. However, I further ations of employment or anything said during the			
Signature of Applicant	Date:			
This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.				

IMPORTANT!! I understand that should I be offered and accept a position at Henning's Market,

I will be expected to work the two days prior to a holiday. I further understand that no vacation requests will be considered by management for these days.

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY