



Date Received: _____

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____		Are you legally authorized to work in the U.S.?	
Cell Phone: (____) _____ - _____		____ Yes ____ No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)	
Email: _____ @ _____		Are you age 18 or over? ____ Yes ____ No	
Title of Position Applying For:			Full Time: ____ Part Time: ____
Salary Desired:		Date Available to Work:	
Have you been previously interviewed or employed by this company? ____ Yes ____ No			
If Yes, list date(s) and job title(s):			
Did anyone refer you for a position with this company? ____ Yes ____ No			
If Yes, list names and relationship to you:			
Are you employed now? _____ If so, may we contact your present employer?			

Explain why you feel you would be the best candidate for this position (Please include skills, special training, etc.):

Education				
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma	
High School or GED				
College				
Graduate School				
Technical or Certificate Programs				

Employment History

Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Pay:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Pay:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Pay:		
Reason for Leaving:		

Do you have a reliable method of transportation to work? _____ Yes _____ No

If applying for a position that requires driving, do you have a valid driver's license? _____ Yes _____ No

Driver's License Number: _____ State Issued: _____ Expiration Date: _____

References				
Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Character Traits	
- Do you get along well with fellow workers?	___ Yes ___ No
- Have you ever had a "personality conflict" with a supervisor ?	___ Yes ___ No
- In the last year, how many times did you call into work sick when you were not really sick?	___ 0 ___ 1-2 ___ 3+
- Have you ever filed a falsified medical insurance claim?	___ Yes ___ No
- Have you ever been fired from a job?	___ Yes ___ No
- Did you handle money or merchandise in any of your previous jobs?	___ Yes ___ No
- Have you ever been fired or reprimanded for dishonesty or suspected dishonesty?	___ Yes ___ No
- Have you ever been disciplined for violating company policies forbidding the use of alcohol or controlled substances on the job? (Per the ADA, answer for activities that you have engaged in <u>only</u> since you have completed a rehabilitation program.)	___ Yes ___ No
- Have you intentionally falsified or omitted any information that might affect our hiring decision?	___ Yes ___ No

WINCO Inc. is an equal opportunity employer and does not discriminate against qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, sexual orientation, disability or handicap, or veteran status.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date

I acknowledge that I am electronically signing this document