

# Taylor's Market Employment Application Packet

Please Complete the Application in Full, if  
Available Attach a Cover Letter and Resume.

## Our Mission

Taylor's market is known for the passion and knowledge we bring to the fine food business. Everyone at Taylor's Market has made a commitment to share this passion with our friends, customers, employees and vendors. We are committed to making lasting relationships with these people, all in the enjoyment of fine food.





**EMPLOYMENT APPLICATION**  
Pre-Employment Questionnaire  
Equal Opportunity Employer

**PERSONAL INFORMATION**

**DATE** \_\_\_\_\_

NAME (Last Name First)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE No. (    )	REFERRED BY		

**EMPLOYMENT DESIRED**

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED WITH TAYLOR'S MARKET BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHICH DEPARTMENT?	WHEN?

**EDUCATION HISTORY**

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR OTHER SCHOOL			

**GENERAL INFORMATION**

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

**FORMER EMPLOYERS**

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

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**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

"I CERTIFY 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 AND EMPLOYERS 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 THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ **Do NOT WRITE BELOW THIS LINE** \_\_\_\_\_

**REMARKS**


NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	DEPARTMENT	POSITION	START DATE	SALARY/WAGE

HIRED BY 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 EMPLOYMENT MANAGER                      DEPARTMENT MANAGER                      STORE MANAGER

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