

EMPLOYMENT APPLICATION MARKETON INC. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including, race, color, age, sex, religion, national origin, the presence of mental, physical or sensory disability. Sexual orientation, or any other basis prohibited by federal, state or provincial law. **PERSONAL INFORMATION** (Please print) Have you ever used another name? () Yes () Former Name Last Name First Name Middle Name Date (M/D/Y) Zip Code Present address City State Phone Number (email address Drivers License Number (if applicable) **Expiration Date** Position Applying For:) Management () Courtesy Clerk ()Kitchen () Stocker) Office () Butcher () Bakery) Cashier ()Meat Clerk () Maintenance () Full time () Part time Shift or hours preferred, please keep in mind that retail store hours may vary. Wed Mon Tue Thur Fri Sat Have you ever worked for Marketon before? If yes when? Which Store/Department? List the Name of Relatives employed by Marketon Inc., and their current work location Name Relationship Work Location Personal Data Person to notify in case of an emergency Relationship to you Home telephone number Present Address Street City State Zip Code How did you hear of this job opening? () Advertisement () Friend () Walk In () Relative () Other ____ Are you entitled to work in the United States? () Yes () No If less than 18 years of age, can you submit a work permit? () Yes () No () N/a Have you ever been convicted of a crime in the last 7 years? () Yes () No If so, please state the date of conviction, the county and state, and the nature of the offense. NOTE: an affirmative response to this question will not result in automatic disqualification for employment. List memberships in professional organizations which you feel would enhance your application You may exclude any whose names would indicate the race, religious creed, color, national origin or ancestry of its members. Describe of your work related skills, experience or training that is related to the position being applying for: Machines operated: Other training skills (include bilingual ability if relevant to the position for which you are applying):



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Professional Certificate		ofessional & Techi Expiration Date			ate	
		•	•			
Is there any reason why you () Yes If yes, please explain:	u would be unable to perform	or safely perform any o	of the duties of the po	osition for which y	ou have applied?	
• • •	Name and address of So	chool Years	Graduate?	Sul	bject Studied and Degrees	
High School		1 2 3	4 Y N			
College		1 2 3				
Post College		1 2 3				
Trade Business		1 2 3				
Trade Business	We	are an Equal Op		ployer		
Work Experience	(Please list most recent em			,		
Address:			Telephone	·)	
Immediate Supervisor:				-		
Dates:	To:	Starting	g Pay:	_ Ending Pay:		
Reason For Leaving:						
Work Experience						
Employer:		-	Telephone	Number ()	
Position and Duties:						
Immediate Supervisor:	:					
Dates:	To:	Starting	 g Рау:	_ Ending Pay:		
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Work Experience						
Employer:			Telephone	Number ()	
Position and Duties:						
Immediate Supervisor:	:					
Dates:	To:	Starting	 g Pay:	_ Ending Pay:		
Reason For Leaving:						
omissions. I acknowledge that ar immediate dismissal from employ and authorize my past employers persons and organization from a AT WILL EMPLOYMENT: In cordefinite period time and may be the foregoing statements and ack	Ill answers or statements I have meny false statement or misrepreservement at any time during the perior sand/or schools to furnish any infull claims and liabilities of any nature insideration of my employment, I atterminated at will at any time by the cept the same as conditions of experience in the same as conditions of ex	ntation on this application or iod of my employment. I aut iformation concerning my proure arising from the supplying agree to conform to the rules the company or by me, with mployment. aking a physical/medical exa	or supplementary materia thorize this company to revious employment and ng of this information. is and standards of "Mai or without cause and w amination at any time at	ials will be cause for r contact any of my pa d/or education. I relea inketon Inc." and agre vith or without notice. t the optional and exp	refusal to hire or for ast employers and/or schools ase this company and all the that my employment is for no I have read and understand the company. I understand	

that applicants must pass a drug screening urinalysis before employment, and I consent to such procedure, at company expense. If I am a minor, I agree to obtain parental consent for the drug screening.

Signature:_

Date: _____



Thank you for your interest in being part of the Marketon Family. We are always in search of honest and hard working people to provide our clients the best customer service. The following is a list of items that will be needed at time of Employment. You will also find the benefits you will receive upon becoming part of the Marketon Family.

Gracias por su interés en formar parte de la familia Marketon. Siempre estamos en busca de gente honesta y trabajadora para proveer a nuestros clientes el mejor servicio. La siguiente es una lista de documentos que se necesitarán al momento de ser empleado. También encontrará los diversos beneficios que recibirá al convertirse en parte de la familia Marketon.

REQUIREMENTS / REQUISITOS:

You will need to provide one (1) document (any) from each list (A, B, C) at time of employment:

Usted deberá proporcionar un (1) documento (cualquiera) que pertenezca a cada lista (A, B, C) al momento de ser empleado:

List A	List B	List C	
U.S Passport	Driver's license or ID card issued by a state in the U.S	US social security card issued by the Social Security Administration	
Certificate of U.S Citizenship	ID issued by federal, state or local government	Certification of Birth abroad issued by the Department of State	
Unexpired foreign passport with 1-551 stamp or I-94 form attached	School ID card with photograph	Original or certified copy of birth certificate issued by the state, county or municipal authority	
Permanent resident card or alien registration receipt card with photograph (1-151 or 1-551)	Voter's registration card	Native American Tribal Document	
Unexpired temporary resident (1-668)	Military Dependant ID card	US Citizen ID Card	
Unexpired employment authorization card	U.S Coast guard merchant card	ID card for use of Resident Citizen in the US	
Unexpired refugee travel permit	Native American tribal document	Unexpired employment authorization document issued by USCIS	
Unexpired Re-entry permit	Driver's license or ID card issued by the Canadian government authority		
Unexpired employment authorization document issued by USCIS that contains a photograph	If Under 18: School report card Clinic doctor hospital record Day care or nursery school record		

Under the age of 18 / Menor de 18 años

If you are an applicant under the age of 18 years you will need to also present a school work permit at time of employment.

Si usted es un solicitante menor de 18 años deberá también presentar su permiso de trabajo escolar al momento de empleo.

BENEFITS WHEN BECOMING A MEMBER / BENEFICIOS AL CONVERTIRSE EN MIEMBRO

After 6 months of employment / Después de 6 meses de trabajo:

- Health and life insurance / Seguro médico y de vida
- Dental and vision insurance / Seguro dental y visión

After 1 year of employment / Después de 1 año de trabajo:

- 401K Savings Plan / Plan de ahorros 401K
- Vacations / Vacaciones
- Birthday bonus / Bono de cumpleaños