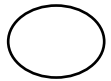


PLEASE PRINT OR TYPE ALL INFORMATION



LAST NAME	FIRST NAME	MIDDLE NAME
APPLICATION FOR POSITION OF:	TODAY'S DATE	DATE AVAILABLE
WHAT SHIFT ARE YOU AVAILABLE TO WORK <input type="checkbox"/> 1ST OR 2ND SHIFT FULL TIME <input type="checkbox"/> 3RD SHIFT FULL TIME <input type="checkbox"/> NIGHTS & WEEKENDS <input type="checkbox"/> WEEKENDS ONLY		
<input type="checkbox"/> OTHER - PLEASE EXPLAIN:		
PRESENT ADDRESS – Street, City, State & Zip Code:		PHONE NUMBER – Include Area Code
MAILING ADDRESS – If Different From Above:		
PROVIDE ANY DIFFERENT NAMES YOU HAVE UTILIZED SINCE AGE 18.		

Do You Have A Reliable Source Of Transportation To And From Work?

☐ YES ☐ NO

Do You Have A Valid Drivers License? (Applicable only for certain positions)

☐ YES ☐ NO

Are You At Least 18 Years Of Age?

☐ YES ☐ NO

Are You Legally Eligible To Work in the United States?

☐ YES ☐ NO

EDUCATION & TRAINING					
Circle Highest Grade Or Year Completed In School 1 2 3 4 5 6 7 8 9 10 11 12	DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A GED EQUIVALENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND LOCATION OF HIGH SCHOOL			
TRAINING BEYOND HIGH SCHOOL (College, University or Other Schools)					
SCHOOL NAME & LOCATION	NUMBER OF YEARS ATTENDED	CREDITS EARNED	MAJOR FIELD	GPA / BASIS	DEGREE EARNED
DESCRIBE ANY OTHER EDUCATION OR TRAINING WHICH YOU FEEL IS RELEVANT TO THE JOB(S) FOR WHICH YOU ARE APPLYING. ALSO INCLUDE RELEVANT LICENSES & CERTIFICATIONS. BE SPECIFIC.					

The essential functions of most jobs at Woodman's will require that employees lift up to 50 lbs. frequently, bend and stoop frequently, push carts frequently, stand and/or walk long periods of time, some climbing, and work in extreme temperatures. To the extent these functions may be applicable to the position for which you are applying, can you perform all of the above functions or perform all of the above functions with reasonable accommodation? ☐ YES ☐ NO

Answering "NO" to this inquiry is not an automatic bar to employment. Woodman's is an equal opportunity employer and complies with all facets of the American with Disabilities Act (and any applicable state laws).

Do you have any pending criminal charges against you?

☐ YES ☐ NO

Have you ever been convicted of a crime, regardless of whether it was a felony or misdemeanor?

☐ YES ☐ NO

If you answered yes to either criminal background inquiries above, provide the date and county of the pending charge or conviction, the type of charge or conviction, and an explanation. (A pending charge or prior conviction will not automatically bar you from employment.)

Prior Military Service ☐ YES ☐ NO

Branch: _____ Years: _____

Rank at Discharge: _____

Were you Honorably Discharged? ☐ YES ☐ NO

If no, explain: _____

WORK EXPERIENCE: Provide a complete description of all jobs. Be specific. Start with your most recent job. For part-time work, show the average number of hours per week. Indicate any changes in job title with the same employer as a separate job.

Employer	Type Of Business	Location (Street Address, City, State, Zip Code)	
Job Title	Reason For Leaving		
Name of Supervisor		Length of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Job Duties		From (Month & Year)	To (Month & Year)
		Beginning Pay \$ Ending Pay \$	

Employer	Type Of Business	Location (Street Address, City, State, Zip Code)	
Job Title	Reason For Leaving		
Name of Supervisor		Length of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Job Duties		From (Month & Year)	To (Month & Year)
		Beginning Pay \$ Ending Pay \$	

Employer	Type Of Business	Location (Street Address, City, State, Zip Code)	
Job Title	Reason For Leaving		
Name of Supervisor		Length of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Job Duties		From (Month & Year)	To (Month & Year)
		Beginning Pay \$ Ending Pay \$	

Employer	Type Of Business	Location (Street Address, City, State, Zip Code)	
Job Title	Reason For Leaving		
Name of Supervisor		Length of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Job Duties		From (Month & Year)	To (Month & Year)
		Beginning Pay \$ Ending Pay \$	

MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? ☐ YES ☐ NO FORMER EMPLOYER? ☐ YES ☐ NO

HAVE YOU WORKED FOR WOODMAN'S BEFORE? ☐ YES ☐ NO Which Store? _____ What Years? _____

HAVE YOU EVER DONE ANY VOLUNTEER WORK? ? ☐ YES ☐ NO IF YES, DESCRIBE: _____

REFERENCES (List three other than former employers or relatives.)

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

BY MY SIGNATURE BELOW, I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of Woodman's to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, sexual orientation, or pregnancy, and to afford equal opportunities to disabled veterans, individuals with a disability, and any and other characteristic protected by federal, state or local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release Woodman's from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ Date: _____

HOW DID YOU LEARN OF OUR JOB OPENINGS? ☐ NEWSPAPER AD ☐ IN STORE SIGN ☐ SCHOOL ☐ OTHER _____