

Application for Employment - Hourly Position

			Te	ell us abo	out yo	urself					
Full Name		Nickname									
Social Security No			_ Home !	Phone ()		Cell	()		_	
Street Address				City			State	Zip			
Mailing Address				City			State	Zip			
If any of your phone number	s above	have voicema	ail, how ofte	n do you ch	eck for	messages?					
Can you read at the 6th grad	le level?	Yes	☐ No								
Have you ever been convicte	ed of a f	elony?	Yes 📮	No If Ye	es, plea	se provide d	letails on the	back of the las	t page.		
Have you ever worked for a	McAliste	er's Deli befor	re? 🔲	Yes 🔲	No	If Yes, und	er what name	e?			
						If Yes, which	ch location?				
Do you have any friends or r	elatives	working for u	ıs? 🗇	Yes 🗆	No						
		-									_
Can you provide proof that y	ou are c	iver 18 years	old?	Yes 🔔	No	Over 21 ye	ears old?		No		
Do you have a valid Driver's	License	or State Issu	ied I.D. Card	ქ? □	Yes	☐ No	Class	State _			
							Card Numb	oer			
Have you had any accidents	or movi	ng violations	in the past 3	3 years?		Yes 📮	No				
If Yes, please provide details	on the	back of the la	ast page.								
Can you provide documenta	tion of y	our legal right	t to work in t	he United S	tates?	☐ Yes	☐ No)			
Is there any reason that you	could ne	ot perform all	physical asp	pects of the	positio	n for which y	ou are being	considered?	☐ Yes	□ N	0
If Yes, please provide details	on the	back of the la	ast page.								
Is additional information con	cerning	name change	e necessary	for us to acc	curately	check work	or education	records?	☐ Yes	□ N	0
If Yes, please provide details	s on the	back of the la	ast page.								
			Tall	ue what y	(OLL W	ant to do					
			reiri	us what y	ou w	ant to do					
What position are you apply	Ū										
What are your wage require	ments?			per							
Would you accept another p	osition?	☐ Yes	☐ No	If so, whic	n positi	on?					
Which do you prefer?		Full-time wo	ork 🛄	Part-time v	vork	If Part-time	e, approximat	ely how many h	nours per wee	ek?	_
Which will you accept?		Full-time wo	ork 🛄	Part-time v	vork						
When are you available to st	tart?										

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Day of the week	Morning/Afternoon	Afternoon/Evening	Anytime
SUNDAY	٥	٥	
MONDAY	٥	٥	
TUESDAY	٥		
WEDNESDAY	٥		
THURSDAY	٥		
FRIDAY	٥		
SATURDAY	0	0	

Which Days and Shifts will you be available to work?

HOURLY APLICATION

Tell us about your work experience

Please start with your most recent position and answer every question as completely as possible.

Also, please attach a copy of your resume.

Company	Month and Year hired	, Month and Year left,,				
Company's Full Address		City	State			
Company's Phone Number (s) ()	()					
Job Title	Reason for Leaving					
Starting Wage Final Wage						
Direct supervisor's Name:		_ Supervisor's Position				
Supervisor's Contact Phone ()	- <u></u>					
Major Responsibilities and Accomplishments:						
Company	_ Month and Year hired	, Montl	h and Year left,,			
Company's Full Address		City	State			
Company's Phone Number (s) ()	()					
Job Title	Reason for Leaving					
Starting Wage Final Wage						
Direct supervisor's Name:		_ Supervisor's Position				
Supervisor's Contact Phone ()						
Maior Responsibilities and Accomplishments:						

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Company	Month and Year hired		Month and Year left						
Company's Full Address									
Company's Phone Number (s) () _				·					
Job Title									
Job Title	Reason for Leaving								
Starting Wage Final Wage						_			
Direct supervisor's Name:		Supervisor's Po	sition			_			
Supervisor's Contact Phone ()	<u> </u>								
Major Responsibilities and Accomplishmen	its:								
	Tell us about y	our Education							
	High School								
High School	•		Graduated?	☐ Yes		No			
Number of Years Completed	Verification Phone Number (_)							
	College In	formation							
College	City	State	Graduated?	☐ Yes		No			
Number of Years Completed	Major	_ Verification Phone No	umber ()	. -					
Additional College Information (if needed)									
College	City	State	Graduated?	☐ Yes		No			
Number of Years Completed	Major	_ Verification Phone No	umber ()						
-	Graduate Scho	ol Information			•				
Graduate School	City	State	Graduated?	☐ Yes		No			
Number of Years Completed	Major	_ Verification Phone Nu	umber ()						
Other Comments									
Other Comments:									
I certify that the information contained in th companies, and agencies concerned to pro									
made in this application, and release them from previous employers as well as other c	from any liability for providing s	uch information. I unde	erstand that I must rece	ive satisfactory	refer	rences			
offer or to remain employed (if adverse info unsigned applications will not be considere	ormation is discovered during the ed and that false, incomplete, or	e first 90 days of my er misleading statements	nployment). I understar will be grounds for my	nd that incomp immediate disc	lete o	r			
understand that any offer of employment is information needed to prove my right to wo	contingent upon the successfurk status. I understand that the	Il completion of all new se policies can not be o	hire paperwork as well changed except in writir	as providing ar ng.	ıy				
Regardless of the guidelines contained in t may be terminated at any time for any reas		at my employment is in	an "at-will" capacity and	d that I may ter	minat	e or I			
Signature	Print Name		Date _			_			

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