

APPLICATION FOR EMPLOYMENT

AMISH MARKET SQUARE, INC.

An Equal Opportunity Employer.
Reasonable accommodation will be provided as required by law.

Last Name	First Name	Middle Initial	Social Security Number:				
Street Address	City/State	Zip Code	Phone Number:				
If hired, can you provide evidence of legal eligibility to work in the U.S.?			Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.				
Position Desired:		Wage/Salary Desired:	Full Time? Part Time?				
Date you can begin work?		Are you 18 years of age or older?	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.				
Name of high school attended:		City & State	Graduate?	GED?			
Name of college or technical school:		City & State	Graduate?	Degree?	Major:		
Are you presently enrolled in school?		If yes, give name & address of school and expected degree date:					
List any job-related skills or accomplishments, including military service:							
- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?				
- Provide Three References Who Are Not Former Employers Who We May Contact -							
Name and Occupation		How do you know them, and for how long?			Phone Number		

Your Employment History

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position? _____	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:

Disclosure and Authority to Release Information

I understand that in processing my application with Amish Market Square, an investigative consumer report may be conducted. FCRA § 606. (a) (1) disclosure requirements; Any such background check report may contain information bearing on my character, general reputation, personal characteristics, mode of living and credit standing. Information may include, but is not limited to; employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

If currently employed: My current employer may be contacted **Yes** **No**

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless Amish Market Square, and its agent Verified Credentials, Inc., from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" and state law to obtain a copy of this report by providing proper identification and directing a written request to Verified Credentials, Inc., 20890 Kenbridge Court, Lakeville, MN 55044. 1-800-473-4934.

If employed in CA, MN, or OK; I would like a copy of my report. **Yes** **No**

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

Legal Last Name	Legal First Name	Legal Middle Name
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Street Address

City	State	Zip Code
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Please list any additional addresses you have lived, worked and attended schools in during the past 7 years:

City	State	City	State
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City	State	City	State
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Other Name(s) Used and Date(s) Changed: _____

Drivers License Number	State Issued	Expiration Date	Date of Birth
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(To be used for Background Information ID only)

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.

Signature	Social Security Number	Date
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