## Vista Quality Markets, LLC APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunities and will not unlawfully consider any factors of race, religion, age, creed, national origin, gender, disability veteran status, genetic information or any and all other unlawful biases regarding federal, state or local laws with regard to workers or applicants.

TO BE CONSIDERED FOR EMPLOYMENT, ALL APPLICANTS MUST FILL OUT THIS FORM COMPLETELY. THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED BY OUR COMPANY. THIS FORM BECOMES A PART OF YOUR EMPLOYMENT RECORD IF YOU ARE HIRED. THIS APPLICATION IS ONLY VALID FOR 30 DAYS.

PERSONAL INFORMATION				
Name (including first, middle and last names):	Hom	e Phone:		
Present Address (including city, state, zip):				
Alternate/Cell Phone Number:	Are	you over 18?		
If you have lived at above address less than 12 months, list previous address (including	g city, state, zip):			
Have you worked or do you have work experience or education under a different name	?			
If so, please list (including first, middle and last names):				
Can you supply documentation of your identity and authorization to work in the U.S.?	yes no			
Have you ever been convicted or plead guilty or no contest to any criminal offense? (C	riminal convictions are not an automa	tic ban from employment but will only be considered		
in relation to specific job requirements)		ac ban nom omprøyment bat will omly be considered		
yes no If yes, state the offense, location, date and disposition, and any other circumstances or	rehabilitation.			
WORK I	NTEREST			
Position applied for: Type of employment: Shift preferred:	Minimum salary:	Earliest available date:		
Full time				
Part time				
Other				
Have you ever filed an application with our company before? yes n	O When?	Where?		
Have you ever been interviewed by our company before?yes r	When?	Where?		
Shift & hours you can work: 1 <sup>st</sup> shift 2 <sup>nd</sup> shift	3° shift	<del></del>		
Would you accept part time work?yes no	Would you accept temporary wor	k? yes no		
Please indicate the hours you would be willing to work whenever scheduled or requested:				
Overtimeyes no Weekends yes no Holidays yes no Rotation yes no				
Briefly state your reasons for interest in employment with our company or any other comments with regard to work interest:				
Do you have reliable transportation?yes no				
If the position requires travel, are you willing, and do you have a valid drivers license?	yes no If yes,	DL# State:		
Are you currently employed? yes no	May we inquire of your current er	nployer? yes no		

List the names of employers in consecutive order with present or last employer listed first. Account for all periods, including military services. If self-employed, give firm name and supply additional references. **PLEASE GIVE BOTH MONTH AND YEAR.** 

WORK HISTORY				
Name of Employer:		Dates Employed:		
Address:		From:	Mo.	Yr.
7.000.000				
		To:	Mo.	Yr.
Telephone	Your Title:	Pay:	Starting:	
			\$	
Nature of Business:			Ending:	
			\$	
Name/Title of Supervisor:		Reason for Le	eaving:	
Duties:				
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Name of Employer:			Dates Emp	lloved:
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Name/Title of Supervisor:		Reason for Leaving:		
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Telephone	Your Title:	Pay:	Starting:	
			\$	
Nature of Business:		Ending:		
			\$	
Name/Title of Supervisor:		Reason for Leaving:		
Duties:				

Please explain all periods of unemployment:					
	sciplined associated with thef			No	
Have you ever been terminated from employment? Yes No If yes, please explain:					
Have you ever served in the military? Yes No Branch of Service: Final Rank:					
		EDUCA			
List All Schools Attended	Name & Address of School	No. of Years	Graduated?	Degree of Type of Diploma	Major Course of Study
High School				-	
College/University					
College/University					
Graduate School					
Business/Technical					
If you have not graduated from hig	 gh school, do you have a GED?  Date of test	yes	_ no taken	,	
	graduate, how many credit hours are need		2	Bachelor _	
List any scholarships, academic h	nonors, awards or special achievements:		7.00001410	Baoiloioi _	
List languages which you speak p	proficiently:				
List languages which you read proficiently:					
CERTIFICATIONS/LICENSES					
Туре	Agency or State I	ssued	Date Issue	d	Number

REFERENCES					
Name	Address	Phone	Occupation		
	SPECIAL	L SKILLS			
OFFICE	Typing wpm:	Shorthand wpm:	Speed writing wpm:		
		·			
Data entry: yes no	10-Key: yes no	Calculator: yes no	Fax: yes no		
COMPUTER	Hardware:	Software:	Other Computer Training:		
List those skills and abilities (personal skill	s, qualities, work style, interpersonal ability, c	 ommunication, etc.) you feel particularly qu	alify you for a position with us:		
Initials:  I certify that the answers given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the Company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.  I understand that this application is designed for use with several types of jobs and some questions may not be completely applicable to the position for which I am applying.  I authorize the companies, schools, persons or entities given during the employment process, and the employer (if employed), while employed, or during internal investigations, as references or past employers or affiliations, to give any information regarding my employment, character, qualifications, certifications and licenses, and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information. A favorable result may be a condition of employment, commencement, or continuation of any employment duties where elements are job-related.  I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment has been made and prior to the commencement of my employment duties. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties as well as any time throughout my employment according to company policy.  I realize that operating conditions may require me to work shifts or work hours scheduled other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the management.  I understand that my employment is not for a spec					
	capable of meeting each and every rec				
Signature:  Printed Name:		Date:			