



100% Satisfaction Guaranteed For Over 25 Years!
514 Old Toll Road - Route # 80 / Madison, CT 06443

ROBERTS FOOD CENTER
APPLICATION FOR EMPLOYMENT - 3 PAGES TOTAL
AN EQUAL OPPORTUNITY EMPLOYER

YOUR PERSONAL INFORMATION PLEASE PRINT

FULL NAME First Last DATE:

ADDRESS Number & Street City, State Zip Code

TELEPHONE # ( ) CELL PHONE # ( )

EMAIL ADDRESS:

SOCIAL SECURITY NO:

HOW DID YOU HEAR ABOUT EMPLOYMENT AT ROBERTS?

THE MINIMUM AGE TO WORK AT ROBERTS IS 16, ARE YOU AT LEAST 16 YEARS OF AGE? YES NO

TO PERFORM MANY DUTIES WITHIN THE STORE, BY LAW YOU MUST BE 18 YEARS OF AGE, ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO IF NO ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER WORKED FOR ROBERTS FOOD CENTER? YES NO IF YES WHEN?

HAVE YOU EVER BEEN IN THE MILITARY? YES NO IF YES WHAT BRANCH DATES: TYPE OF DISCHARGE: IF OTHER THAN HONORABLE, EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, EXPLAIN:

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**EDUCATION**

**HIGH SCHOOL:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DID YOU GRADUATE:    YES            NO

**COLLEGE OR OTHER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DID YOU GRADUATE:    YES            NO

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**EMPLOYMENT HISTORY**

IS THIS YOUR FIRST JOB?                    YES            NO

IF NO, PLEASE LIST YOUR PAST EMPLOYERS STARTING WITH PRESENT - MOST RECENT

1.    NAME / ADDRESS: \_\_\_\_\_  
      DATES WORKED: \_\_\_\_\_  
      TYPE OR WORK: \_\_\_\_\_  
      HOURLY RATE / SALARY WHEN YOU LEFT:\$ \_\_\_\_\_  
      REASON FOR LEAVING: \_\_\_\_\_

2.    NAME / ADDRESS: \_\_\_\_\_  
      DATES WORKED: \_\_\_\_\_  
      TYPE OR WORK: \_\_\_\_\_  
      HOURLY RATE / SALARY WHEN YOU LEFT:\$ \_\_\_\_\_  
      REASON FOR LEAVING: \_\_\_\_\_

3.    NAME / ADDRESS: \_\_\_\_\_  
      DATES WORKED: \_\_\_\_\_  
      TYPE OR WORK: \_\_\_\_\_  
      HOURLY RATE / SALARY WHEN YOU LEFT:\$ \_\_\_\_\_  
      REASON FOR LEAVING: \_\_\_\_\_

IS THIS A COMPLETE LIST OF YOUR EMPLOYMENT?    YES            NO

ARE WE GRANTED PERMISSION TO VERIFY THE ABOVE INFORMATION?    YES    NO

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**PERSONAL REFERENCES**

PLEASE LIST THREE PERSONAL OR PROFESSIONAL REFERENCES

1.    FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
      ADDRESS: \_\_\_\_\_  
      PHONE: \_\_\_\_\_

2.    FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
      ADDRESS: \_\_\_\_\_  
      PHONE: \_\_\_\_\_

3. FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

CAN ALL OF THE ABOVE BE CONTACTED FOR A REFERENCE? YES NO

**AVAILABILITY**

DATE AVAILABLE TO START: \_\_\_\_\_

TYPE OF EMPLOYMENT, CIRCLE DESIRED: FULL TIME PART TIME

WHAT DO YOU PICTURE YOURSELF DOING AT ROBERTS? \_\_\_\_\_

IF YOU HAVE DONE THIS TYPE OF WORK BEFORE, BRIEFLY DESCRIBE WHAT YOU DID?

HOURS AVAILABLE: WE ARE OPEN 8AM TILL 9 PM WEEKDAYS AND 8AM TILL 8PM SUNDAYS. PLEASE INDICATE AM AND PM.

SUNDAY	MONDAY	TUESDAY	WED.	THURS.	FRIDAY	SAT.

IF YOU WOULD LIKE TO ADD ANY ADDITIONAL INFORMATION THAT YOU THINK WOULD BE OF VALUE WHEN CONSIDERING YOUR APPLICATION PLEASE DO SO BELOW:

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEWS MAY RESULT IN MY RELEASE. I AUTHORIZE THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FROM ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I AGREE TO TAKE AN INTEGRITY TEST OR DRUG TEST IN ACCORDANCE WITH STATE AND FEDERAL LAWS UPON SUSPICION OF ANY AND ALL DISCREPANCIES INVOLVING MY WORK. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, NOR AM I OBLIGED TO WORK FOR THE COMPANY FOR ANY SPECIFIED PERIOD OF TIME.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_