

MARKET OF CHOICE

Employment Application

If you need a reasonable accommodation in order to complete the application process please contact the Store Manager

Name: _____ Today's Date: _____

Present Address: _____ State: _____ Zip: _____

If at present address less than 1 year, give previous address: _____ State: _____ Zip: _____

Home Telephone # _____ Number where messages can be left _____

Do you have legal authorization to work in the United States? Yes No

Are you 18 years of age or older? Yes No

Have you ever applied at one of our stores before? Yes No

If Yes, Where: _____ When: _____ Dept: _____ Position: _____

Have you been employed by one of our stores before? Yes No

If Yes, Where: _____ When: _____ Dept: _____ Position: _____

List other names under which you have worked or gone to school: _____

Have you ever been convicted of a misdemeanor or a felony? Yes No (Note: A conviction will not necessarily bar you from employment)
(Do not include minor traffic violations or arrests without convictions.)

POSITION DESIRED: _____ DATE AVAILABLE: _____

I am interested in: Full-time (30 hours/week or more) Part-time (less than 30 hours/week)

What days/hours are you available to work? _____

What days/hours you are **unavailable** to work? _____

Please include four personal references (Individuals not related to you)

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Educational Background

What was your last grade completed in school? _____

Please list any other schooling; include academic, vocational, professional, military or other training:

How did you learn about us: Advertisement Website Employee Referral - Name: _____

Other: _____

Employment Experience (include Military)

Present or last position—Firm Name _____
Address, Zip, Phone _____
From _____ To _____ Supervisor's name _____ May we contact? _____
Job title and duties _____
Salary—Beginning _____ hr/wk/mo Ending _____ hr/wk/mo
Were you terminated for misconduct? _____

Next to last position—Firm Name _____
Address, Zip, Phone _____
From _____ To _____ Supervisor's name _____ May we contact? _____
Job title and duties _____
Salary—Beginning _____ hr/wk/mo Ending _____ hr/wk/mo
Were you terminated for misconduct? _____

Next to last position—Firm Name _____
Address, Zip, Phone _____
From _____ To _____ Supervisor's name _____ May we contact? _____
Job title and duties _____
Salary—Beginning _____ hr/wk/mo Ending _____ hr/wk/mo
Were you terminated for misconduct? _____

Please read completely and carefully

The company makes decisions regarding employment and volunteer applications without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, mental or physical handicaps or any other protected classification unrelated to job performance.

This application will be considered only for the specific job applied for. It will not be retained. Use one application for each position. If you desire to be considered for a position at a future time, you must file a new application.

In submitting this application, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application or in any accompanying materials may result in cancellation of the application and/or termination from employment I have been employed. I understand that any offer of employment for a position will be contingent upon passing a medical examination, and I agree that I will undergo such examination, at the Company's expense, if requested.

In consideration of any employment I agree to conform to the rules and regulations of the Company.

It is the Company's policy to comply with the provisions of the Immigration Reform and Control Act and to hire only authorized workers. If you are hired you will be asked to provide verification of your work eligibility. The type of verification required may change from time to time as federal regulations are promulgated or amended. Your employment will not be continued if you are unable or unwilling to provide the verification requested by the Company.

Please read carefully and initial each paragraph before signing

By my signature and initials placed below, I promise that the information provided in this application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from the Company, if discovered at a later date. I agree to immediately notify the Company if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust.

Initials _____

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the Company to contact my present employer (unless otherwise noted in this application form), past employers, listed references, and any other person or persons or information services that the Company may deem necessary or advisable to investigate my background. I understand that the Company may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report or the background check may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the Company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

Initials _____

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations to provide the Company with relevant information and opinion that may be useful to the Company in making a decision on this application, and I release such persons and organizations from any legal liability in making such statements.

Initials _____

If the Company makes an offer of employment to me contingent upon passing a pre-employment medical examination, including a drug screening exam and x-rays, I consent to such examination, and I consent to the release to the Company of any and all medical information, as may be deemed necessary by the Company in judging my capability to do the work for which I am applying.

Initials _____

Employee agrees to submit disputes of the types listed below to mandatory binding arbitration, in lieu of filing any lawsuits or actions to resolve such claims. Mandatory arbitration shall be required for all claims for wrongful termination, breach of employment contract, unpaid wages or overtime, or any type of employment discrimination, including, but not limited to, claims of discrimination based upon race, religion, color, creed, nation origin, sex, age, family status, disability, unlawful harassment, and claims of retaliation of any type. This mandatory arbitration requirement shall also apply to any other claims of negligent or intentional torts, but it shall not apply to workers' compensation claims.

Arbitration shall be conducted, at employer's option, in Lane County, Oregon, or in the county in which employer last employed the employee. Except as otherwise provided in this agreement, arbitration shall be requested by delivering to the other party a written request for arbitration. Within five (5) days of receipt of such request, the parties shall select a mutually agreeable arbitrator and designate mutually agreeable rules of arbitration. If the parties cannot agree upon an arbitrator within five (5) days, an arbitrator may be appointed by the Circuit Court of the State of Oregon for Lane County, upon the request of either party submitted in accordance with ORS 36.310. If the parties have not designated mutually agreeable rules of arbitration at such time as the arbitrator is appointed, the arbitrator shall have the discretion to adopt rules of arbitration, and the arbitrator's decision shall be binding upon the parties. Judgment upon any arbitration award or ruling rendered by the arbitrator may be entered in any court having jurisdiction thereof. The costs of the arbitration, exclusive of attorney's fees, shall be equally divided, provided, however, that the prevailing party or parties shall be awarded such costs and expenses of arbitration in the arbitration award.

Initials _____

I understand that, if I am accepted for a position, I may not hold other employment, nor engage in sales or other activities that create a conflict of interest with my position with this Company.

Initials _____

I understand that this application does not create a contract of employment. I understand and agree that, if hired for a position, the terms of my employment shall be governed by policies of the Company. MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may BE TERMINATED AT ANY TIME. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS APPLICATION FORM.

Initials _____

I certify that I have read all of this application and that the information I have provided above is true and correct.

Initials _____

Applicant Name: _____ Applicant Signature: _____ Date: _____

**MARKET OF CHOICE WILL DRUG SCREEN
ALL NEW EMPLOYEES**