



# EMPLOYMENT APPLICATION

## General Data

**MUST BE AT LEAST 18 YEARS OF AGE TO APPLY**

Date Completed: \_\_\_\_\_

Last Name		First Name		Middle Name	
Present Address Number	Street Name	City	State	Zip Code	Years at Address
Position Applying For:		Phone Number ( )	Other Phone # ( )		
Type of employment desired: Check One ✓ Full Time [ ] Part Time [ ]			Are you available to work Weekends & Evenings? [ ] Yes or [ ] No		
Where did you submit application? [ ] San Fernando Valley [ ] Antelope Valley [ ] San Joaquin Valley [ ] Victorville			How did you learn of this job opening? [ ] Advertisement [ ] Friend [ ] Walk-in [ ] Job Fair [ ] Relative [ ] EDD [ ] Other _____		

## Personal Data

Person to notify in case of an Emergency: Name	Address	Street	City	State	Zip Code	Home Telephone Number ( )
Do you have any relatives working for the company? [ ] Yes [ ] No. Do you know what their position is in the company? If yes list Name _____ Position _____ Location _____						
Have you ever worked for this Company before? [ ] Yes [ ] No If "yes," give dates From ___/___/___ To ___/___/___ Location: _____						
Will you relocate if the job requires it? [ ] Yes [ ] No Will you travel if the job requires it? [ ] Yes [ ] No						
Are you able to perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation? [ ] Yes [ ] No If "no," describe the functions that cannot be performed. _____ (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)						
Do you have any other experiences, training, qualifications, or skills which you feel make you especially suited for work at Vallarta Supermarkets? [ ] Yes [ ] No If so, please explain: _____						

## Work Experience

*Last/Present Employer:	Length of Service		Duties Performed
Address	Start Date	End Date	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	Start Pay	Final Pay	
Reason For Leaving May we contact now? ___ Yes ___ No (If still employed)			
*Employer:	Length of Service		Duties Performed
Address	Start Date	End Date	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	Start Pay	Final Pay	
Reason For Leaving May we contact now? ___ Yes ___ No (If still employed)			
*Employer:	Length of Service		Duties Performed
Address	Start Date	End Date	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	Start Pay	Final Pay	
Reason For Leaving May we contact now? ___ Yes ___ No (If still employed)			

**We are an Equal Opportunity Employer**

