Fubonn Supermarket, LLC

2850 SE 82nd Ave Suite #1
Portland, OR 97266

Employment Application

(An Equal Opportunity Employer)

PLEASE PRINT-USE INK

PERSONAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Birthdate: ____/____/____

Mailing Address: _____ City: _____ State: _____ Zip:_____

Home Phone: (_____)_____ Work Phone: (_____)_____

If you are under 18, give your birthdate: ____/____/____ and work permit number (if applicable): _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

☐Yes ☐No

Have you worked at a supermarket before? ☐Yes ☐No From: _____ To:_____Company:_____

Ending Salary: _____ Position when you left: _____

EMPLOYMENT DESIRED **(Cashier, Deli, Fish/Seafood, General Merchandise, Meat/Poultry, Produce)**

Position: _____ Salary Desired: _____

Are you employed now? _____ If so, may we inquire of your present employer?_____

Date available for work: ____/____/____

How did you hear about this position? _____

Please indicate the hours that you are available to work on each of these days.

(Hours)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

Should your availability change during the course of your employment, it may impact your employment status based upon our business needs. While we may be able to accommodate your availability limitations upon hire, we do not guarantee that we will be able to support these limitations in the future. Should our business needs change, we may require an adjustment in your availability.

WORK HISTORY (START WITH CURRENT OR LAST EMPLOYER)

_____ _____
Company Name Supervisor's Name

_____
Address City State Zip Code

_____ _____
Position Reason for Leaving

From: ____/____/____ To: ____/____/____ _____
Ending Salary

_____ _____
Company Name Supervisor's Name

_____
Address City State Zip Code

_____ _____
Position Reason for Leaving

From: ____/____/____ To: ____/____/____ _____
Ending Salary

_____ _____
Company Name Supervisor's Name

_____
Address City State Zip Code

_____ _____
Position Reason for Leaving

From: ____/____/____ To: ____/____/____ _____
Ending Salary

EDUCATION

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE? (Y/N)	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

REFERENCES: Give the names of three persons not related to you (no former employers), whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS ACQAINTED

ADDITIONAL INFORMATION

Are you multi-lingual? If so, what languages? _____

READ THE FOLLOWING STATEMENT CAREFULLY – ANWSER THE LAST QUESTION AND SIGN YOUR NAME

Disclaimer:
This application is intended to provide Fubonn Supermarket, LLC with information for evaluating your suitability for employment. It is not intended to be, nor may it be construed to be, a contract of employment of any type whatsoever.

Notification of Physical/Drug Testing:
Fubonn Supermarket, LLC is committed to providing a safe and productive work environment. All employees must be able to perform the essential job functions of their position, with or without accommodation. Fubonn Supermarket, LLC may require that an applicant tentatively selected for employment be required to submit to a urinalysis to screen for illegal drug use. In addition, some positions may require a pre-employment physical examination prior to appointment or hire. Urinalysis screening may occur on a pre-employment basis or during any probationary period. Applicants will be notified that appointment to the position as a regular employee will be contingent upon a negative drug test.

Notification of Physical Lifting Requirements:
Many of our jobs may require lifting from 0 to 50 lbs. routinely and up to 80 lbs. occasionally. Some jobs may require lifting up to 100 lbs. on a rare to occasional basis.

Affidavit

I certify that the answers given by me in the foregoing questions and statements are true and correct without omission of any kind whatsoever. I authorize the U.S. Government, companies, schools or persons named above to give any information they may have regarding me whether or not it is in their records. I hereby release the U.S. Government, companies, schools or persons from all liability for any damage for issuing this information. I further understand and agree that a false statement herein is grounds for denial of employment, or basis for dismissal if already employed. It is further understood that my employer will not be responsible for any of my property lost, stolen, or damage.

I fully understand all the questions listed on this application and any information that needed further clarification has been addressed to Fubonn Supermarket, LLC. Any translation discrepancies have been addressed with a use of a translator who has fully translated the questions listed in this application.

I authorize Fubonn Supermarket, LLC to make a complete investigation of all statements contained on my application.

I understand that any offer of employment is conditioned upon the satisfactory completion of this verification process and that the company will hire only those individuals who are legally authorized to work in the United States and who present acceptable proof of their lawful employment status and identity.

_____ ____/____/____
Applicant Signature Date