



APPLICATION FOR EMPLOYMENT

Employee-Owned Company
Equal Opportunity Employer
Drug-Free Workplace

Please answer all questions completely in your handwriting in ink. Resumes do not take the place of completing this application.

I. PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address			Home Phone ()
City	State	Zip	Cell Phone ()
How long at above address?		Dates & Previous Cities/States Lived in: (Last 10 years)	
Have you ever been "fired" or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" explain:		_____	
If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" name: _____		
Are you able to perform the essential functions of the position as described or as demonstrated by the company representative with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a crime or been a defendant in a civil action for an intentional tort? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" list offense, date and disposition of the case. (Convictions will not necessarily disqualify you for the position):			

II. EMPLOYMENT INTERESTS

Position Desired	Date Available	Pay Desired	Are you willing & able to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Days and hours available for work (All day shifts)	630-3 <input type="checkbox"/> 730-4 <input type="checkbox"/>	8-430 <input type="checkbox"/>	830-5 <input type="checkbox"/> 8-5 <input type="checkbox"/> Part-Time Days? <input type="checkbox"/>
How were you referred to our company?	<input type="checkbox"/> Ad (Where) _____		<input type="checkbox"/> Employee Referral (Name)
<input type="checkbox"/> Agency (Name) _____	<input type="checkbox"/> Other (Please specify) _____		<input type="checkbox"/> Walk-in

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle last grade completed	Did you graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Other Education			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. SKILLS - If Applicable for Position for Which You Are Applying

Foreign Languages (indicate ability to speak, read and write):

Computer Skills (Indicate software used):

Do you have any experience, training, qualifications or special skills that you think make you especially suited for the position you are applying for? (Explain)::

NOTICE TO APPLICANTS: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination, and all medical information will be kept confidential and in separate files.



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V. EMPLOYMENT INFORMATION (start with current or most recent employer). Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)

1	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

VI. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

Initial	The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.
Initial	I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide the Company with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.
Initial	In consideration of employment, I agree to obey the rules and standards of the Company. I understand that nothing contained in this application or in the interview process is intended to create a contract between the Company and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or the Company. This constitutes my entire agreement with the Company with regard to the length of my employment.
Initial	I understand that as a condition of employment I will be required to take a post-offer/pre-employment alcohol/drug test. I further understand that, if management suspects that I am unable to perform my job without endangering others or myself at any time during my employment, or if I am involved in an accident at work, I will be required to take an alcohol/drug test.
Initial	I understand that Winco, Inc. encourages a tobacco-free work environment. I do hereby affirm that I am not a user of tobacco products and I further affirm that I will maintain my non-use of tobacco products for the duration of my employment with Winco, Inc.
Initial	I am able to perform the essential functions of the position with or without a reasonable accommodation.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States.
Initial	I understand that for the first 90 days of my employment, I am on probation (Introductory Period) for the purposes of Florida Unemployment Compensation Law. I understand that if my employer discharges me during my Introductory Period, the Company's account will not be charged for any unemployment benefits I might be determined to be eligible for in the future. I recognize and understand that my attendance, job performance, and behavior will be evaluated during my Introductory Period with Winco. I recognize and accept as a condition of hire, my 90-day probationary period with Winco.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date.
Applicant Signature:	
Date:	

Winco is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, veteran status, citizenship status, or marital status. Your opportunity for employment with this employer depends solely upon your qualifications.