

Employment Experience

Start with your present or last job. Include part-time jobs, military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin. This section must be completed in its entirety.

Employer	FROM Mo./Yr.	TO Mo./Yr.	Job Description:
Address			
City	State	Zip Code	Starting Pay
Telephone	Ending Pay		
Job Title			
Supervisor		Phone:	
Reason for Leaving			
Employer	FROM Mo./Yr.	TO Mo./Yr.	Job Description:
Address			
City	State	Zip Code	Starting Pay
Telephone	Ending Pay		
Job Title			
Supervisor		Phone:	
Reason for Leaving			
Employer	FROM Mo./Yr.	TO Mo./Yr.	Job Description:
Address			
City	State	Zip Code	Starting Pay
Telephone	Ending Pay		
Job Title			
Supervisor		Phone:	
Reason for Leaving			
Employer	FROM Mo./Yr.	TO Mo./Yr.	Job Description:
Address			
City	State	Zip Code	Starting Pay
Telephone	Ending Pay		
Job Title			
Supervisor		Phone:	
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Education

	Elementary	High School	College/University	Graduate/ Professional
School Name				
Highest Grade Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Describe Course or Degree:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received: _____

List professional, trade, business or civic activities and offices held. (Please exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone of three references that are not related to you and are not previous employees.

NAME	ADDRESS (Include City, State, Zip Code)	PHONE NUMBER
1.		
2.		
3.		

If applying for a management position, please describe the attributes, skills or abilities that you possess that would make you a valuable member of the Great Foods Management Team. _____

Is there any additional information which may be helpful to us in considering your application? If so, please state: _____

CONSENT FORM FOR APPLICANTS

DRUG TESTING

As a potential employee of Great Foods (BWI), LLC ("Great Foods"), I realize that as a condition of employment I may be required to submit to a drug analysis test, and that such testing is mandatory for all management positions at Great Foods. Should I fail to pass the drug analysis, I know that I will no longer be considered as an applicant for employment. Accordingly, I fully understand the implications of the company's policy and hereby release the company from any claims of liability which I may raise as a result of the enforcement of this policy.

Applicant's Signature _____

CREDIT CHECK

As a potential employee of Great Foods, I realize that as a condition of employment I may be required to permit management to conduct a credit check on my personal accounts. Accordingly, I hereby release the company of all claims of liability which I may raise as a result of such credit check.

Applicant's Signature _____

AIRPORT SECURITY SCREENING

As a potential employee of Great Foods, I realize that as a condition of employment I must submit to an Airport Security Screening. Should I fail to pass the Airport Security Screening, I know that I will no longer be considered as an applicant for employment. Accordingly, I fully understand the implications of the company's policy and hereby release the company from any claims of liability which I may raise as a result of the enforcement of this policy.

Applicant's Signature _____

APPLICANT'S AFFIRMATION

I affirm that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that nothing in this application, or in granting an interview, is intended to create a contract for either employment or the providing of any benefit. In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in discharge. If employed by Great Foods, I understand that my employment is at will, and is not guaranteed for any term. Only the District Manager or the Managing Member of Great Foods is authorized to make a promise of continuing employment for a specified term and any such agreement may be made only in writing and cannot be made orally. I understand, also, that I am required to abide by all rules and regulations of the company.

Signature _____ Date _____

This application will receive active consideration for 60 days. Please fax the completed and signed application to:
Great Foods (BWI), LLC
Attn: Human Resources
Fax Number: 301-577-7600

For Human Resources Use Only

Employed Yes No Arrange Interview Yes No Interviewer _____ Date _____

Remarks: _____

Initials _____ Start Date _____