# PIGGLY WIGGLY ALABAMA DISTRIBUTING COMPANY INC. APPLICATION FOR EMPLOYMENT



**PERSONAL (PLEASE PRINT CLEARLY)**

Piggly Wiggly is proud to be an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, or veteran status.

DATE:

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST FIRST MI

PRESENT ADDRESS

NO. STREET CITY STATE ZIP

HOW MANY YEARS HAVE YOU LIVED AT THIS ADDRESS? TELEPHONE NO. ( )

PREVIOUS ADDRESS

NO. STREET CITY STATE ZIP

JOB(S) APPLIED FOR 1. RATE OF PAY EXPECTED $ PER

2. RATE OF PAY EXPECTED $ PER

DO YOU WANT TO WORK FULL TIME, OR PART TIME? SPECIFY DAYS & HOURS IF PART TIME:

HAVE YOU WORKED FOR US BEFORE? IF YES, WHEN?

LIST ALL RELATIVES AND/OR CLOSE FRIENDS EMPLOYED BY THE COMPANY

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IF HIRED, ON WHAT DATE WILL YOU BE AVAILABLE TO START WORK? DO YOU HAVE ANY PRIOR WORK EXPERIENCE WHICH YOU FEEL WOULD HELP YOU IF YOU WERE HIRED BY THE COMPANY?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **TYPE OF SCHOOL** | **NAME AND ADDRESS** | **YEARS ATTENDED** | **GRADUATED?** | **COURSE OR MAJOR** |
| **GRAMMER OR GRADE** |  |  |  |  |
| **HIGH SCHOOL** |  |  |  |  |
| **COLLEGE** |  |  |  |  |
| **POST GRADUATE** |  |  |  |  |
| **BUSINESS OR TRADE** |  |  |  |  |
| **OTHER** |  |  |  |  |

**PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY**

**NAME & RELATIONSHIP TO YOU ADDRESS PHONE NUMBER**

## PERSONAL REFERENCES:

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME AND OCCUPATION** | | **ADDRESS** | **PHONE NO.** |
| **1.** |  |  |  |
|  |  |  |
| **2.** |  |  |  |
|  |  |  |
| **3.** |  |  |  |
|  |  |  |

PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST. USE ADDITIONAL PAPER IF NECESSARY):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATES** | | **NAME AND ADDRESS OF EMPLOYER** | **RATE OF PAY** | | **SUPERVISOR’S NAME**  **& TITLE** | **REASON FOR LEAVING** |
| **FROM** | **TO** |  | **START** | **FINISH** | **PHONE ( ) -** |  |
| **DESCRIBE IN DETAIL THE WORK THAT YOU PERFORMED:** | | | | | | |
| **MAY WE CONTACT THIS EMPLOYER? YES NO** | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATES** | | **NAME AND ADDRESS OF EMPLOYER** | **RATE OF PAY** | | **SUPERVISOR’S NAME**  **& TITLE** | **REASON FOR LEAVING** |
| **FROM** | **TO** |  | **START** | **FINISH** | **PHONE ( ) -** |  |
| **DESCRIBE IN DETAIL THE WORK THAT YOU PERFORMED:** | | | | | | |
| **MAY WE CONTACT THIS EMPLOYER? YES NO** | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATES** | | **NAME AND ADDRESS OF EMPLOYER** | **RATE OF PAY** | | **SUPERVISOR’S NAME**  **& TITLE** | **REASON FOR LEAVING** |
| **FROM** | **TO** |  | **START** | **FINISH** | **PHONE ( ) -** |  |
| **DESCRIBE IN DETAIL THE WORK THAT YOU PERFORMED:** | | | | | | |
| **MAY WE CONTACT THIS EMPLOYER? YES NO** | | | | | | |

## UNEMPLOYMENT RECORD

YOU MUST ACCOUNT FOR ALL PERIODS OF UNERMPLOYMENT IN THE LAST FIVE (5) YEARS. LIST ALL LOST TIME IN EXCESS OF 30 DAYS.

|  |  |  |
| --- | --- | --- |
| **FROM** | **TO** | **REASON** |
|  |  |  |
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I UNDERSTAND THAT THIS IS AN APPLICATION AND NOT A CONTRACT OR UNILATERAL OFFER TO ENTER INTO A CONTRACT OF ANY KIND BETWEEN THE UNDERSIGNED AND THE EMPLOYER. THE USE OF THIS APPLICATION FORM DOES NOT INDICATE THAT THERE ARE ANY POSITIONS OPEN AND DOES NOT IN ANY WAY OBLIGATE THIS EMPLOYER.

I UNDERSTAND THAT EPLOYMENT IS CONDITIONAL UPON, AND I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRE OF MY PERSONAL, EMPLOYMENT, FINANCIAL AND OTHER LEGALLY RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, OR PERSONS FROM ANY AND ALL LIABILITIES IN RESPONDING TO INQUIRIES IN CONEECTION WITH MY APPLICATION.

I HEREBY CERTIFY THAT ALL OF THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS TRUE AND COMPLETE, AND THAT THERE ARE NO FALSE STATEMENTS OR OMISSIONS CONTAINED IN MY RESPONSE TO THE QUESTIONS IN THIS APPLICATION. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMMISSIONS, WHETHER MADE OR OMITTED INTENTIONALLY OR WRITTEN AND LATER DISCOVERED, MAY BE CAUSE FOR REFUSAL TO HIRE ME OR FOR IMMEDIATE DISMISSAL WITHOUT FURTHER NOTICE.

THIS APPLICATION IS CURRENT FOR ONLY SIXTY (60) DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY FOR ME TO FILL OUT A NEW APPLICATION.

DATE SIGNATURE OF APPLICANT