

# EMPLOYMENT APPLICATION

Please send completed application to our corporate office:  
 Rhodes Grocery of Missouri Inc., Attn: Caitlin Weaver, 310 E Centennial Dr, Pittsburg, KS 66762  
 Email: rhodesgroceryhiring@gmail.com | Fax: (620) 231-0530

We are an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, religion, sex, national origin, age, disability or any basis prohibited by law.

The minimum age for all positions is 18 with the exception of Carryouts who may be 16 years of age or older.

Please complete ALL the information on this application, date it and be sure to sign it! Thank you for your interest in our company.

GENERAL

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Are you under 18? Yes No **If yes, Date of birth** \_\_\_\_\_

Emergency Contact Information \_\_\_\_\_

Have you ever been convicted of a criminal offense? Yes No If yes, please provide details \_\_\_\_\_

What led you to apply with us? Previous employee Newspaper ad Facebook  
 Other \_\_\_\_\_

Give name(s) of anyone you know who was or is employed with our company, including relatives and/or friends:  
 \_\_\_\_\_

Have you worked for our company previously? Yes No If yes, give date(s): \_\_\_\_\_

Date available for work: \_\_\_\_\_ Full Time Part Time

Please indicate times on each day you would be available to work:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

Have you ever been suspended or discharged by a previous employer? Yes No If yes, provide date(s) and details:  
 \_\_\_\_\_

EDUCATION

**COMPLETE ALL INFORMATION:**

School	Name, Address	Years Attended	Did you graduate?	Degree/Major
High School				
College				
Graduate School				
Other Training				

**PLEASE LIST PRESENT OR MOST RECENT EMPLOYER FIRST. INFORMATION MUST BE COMPLETE. INCLUDE MILITARY.**

**EMPLOYMENT HISTORY**

PRESENT OR MOST RECENT EMPLOYER		TIME PERIOD (MONTH/YEAR)	POSITIONS HELD AND DUTIES PERFORMED
Name		From:	
Street Address		To:	
City, State, Zip		Starting Salary	<b>REASON FOR LEAVING</b>
Supervisor	Telephone Number (    )	Ending Salary	

What do/did you like most about this job? \_\_\_\_\_  
 What do/did you like least about this job? \_\_\_\_\_  
 What would this employer say about you if they were called for a reference? \_\_\_\_\_

PRESENT OR MOST RECENT EMPLOYER		TIME PERIOD (MONTH/YEAR)	POSITIONS HELD AND DUTIES PERFORMED
Name		From:	
Street Address		To:	
City, State, Zip		Starting Salary	<b>REASON FOR LEAVING</b>
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City, State, Zip		Starting Salary	<b>REASON FOR LEAVING</b>
Supervisor	Telephone Number (    )	Ending Salary	

What do/did you like most about this job? \_\_\_\_\_  
 What do/did you like least about this job? \_\_\_\_\_  
 What would this employer say about you if they were called for a reference? \_\_\_\_\_

**Please answer the following questions:**

1. Why do you want to work for us?  
\_\_\_\_\_
2. What specific job-related experience or personal passions do you have? Check and explain all that apply:  
 Happiness Advocate, explain: \_\_\_\_\_  
 Culinary Expert, explain: \_\_\_\_\_  
 Financial Guru, explain: \_\_\_\_\_  
 Food Counter Catering Specialist, explain: \_\_\_\_\_  
 Cake Artist, explain: \_\_\_\_\_  
 Transportation Captain, explain: \_\_\_\_\_
3. What qualifications, abilities, and strong points will help you succeed in this job?  
\_\_\_\_\_
4. Do you have any volunteer experience? If yes, what kind:  
\_\_\_\_\_
5. We are a very service-oriented business. What does good service mean to you?  
\_\_\_\_\_
6. 75% of our business is done during the evening and on weekends.  
 How many evening shifts are you willing to work each week?    5-7    3-4    2    0-1  
 How many Saturday and Sunday shifts would you be willing to work per month?    8    7    6    5 or less
7. What experience and knowledge do you expect to gain from working with us?  
\_\_\_\_\_
8. What do you expect from your managers and supervisors?  
\_\_\_\_\_

- I hereby apply for employment and state that:
- The information contained in this application is true to the best of my knowledge and belief, and I understand and agree that any misrepresentation or false statement by me in connection with the application will constitute justifiable cause for the Company not to employ me, or if employed, to terminate my employment for cause.
  - I agree to allow the Company to obtain information for the purpose of background investigation both before and after employment.
  - I understand and agree that all information furnished in this application may be verified by the Company. I authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the Company all information relative to such verification and release such individuals, organizations and the Company from any and all liability for any claim or damage resulting there from.
  - I agree to conform to the rules and regulations of the Company and acknowledge that these rules and regulations may be changed at the Company's option and without any prior notice to me.
  - I understand that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice, with or without cause.
  - I agree that I will settle all claims arising out of my employment or termination of my employment with the Company, exclusively by binding arbitration under the National Rules for the Resolution of Employment Disputes of the American Arbitration Association (non-bargaining unit only).
  - I understand that my employment is conditioned upon the results of a drug screen test.
  - I understand that this application will remain active for a period of one (1) month from date and must thereafter be renewed in person.

THIS APPLICATION CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.

Signature \_\_\_\_\_ Date \_\_\_\_\_