

**EMPLOYMENT HISTORY**

(Begin with most recent or present employer)

Give all information requested below, even if duplicated on your resume. If your earnings on previous jobs were on a commission or other basis, estimate them on a weekly basis. You also may include in this Employment History any verified work performed on a volunteer basis.

Company Name	Dates Employed From _____ to _____		Job Title
Address	Starting Wage	Last Wage	<b>May we contact present employer (Y/N)</b>
Supervisor's Name and Title	Major Duties		Reason for Leaving

Company Name	Dates Employed From _____ to _____		Job Title
Address	Starting Wage	Last Wage	<b>May we contact employer (Y/N)</b>
Supervisor's Name and Title	Major Duties		Reason for Leaving

Company Name	Dates Employed From _____ to _____		Job Title
Address	Starting Wage	Last Wage	<b>May we contact employer (Y/N)</b>
Supervisor's Name and Title	Major Duties		Reason for Leaving

Have you ever been terminated for cause or asked to resign your employment by any past employer?  
 \_\_\_\_ YES \_\_\_\_ NO If yes, please explain \_\_\_\_\_

**REFERENCES**

Please provide the names of three (3) persons not related to you whom we may contact for work references. Atlantic Food Mart reserves the right to contact other individuals for references as well.

Name	Telephone #	Address	Association	Years Acquainted.
1.				
2.				
3.				

**PLEASE READ BEFORE SIGNING**

I understand that any offer of employment may be conditional on the results of a physical examination and/or functional job capacity test and/or drug and/or alcohol-screening test by a physician and/or laboratory designated by Atlantic Food Mart. Any job offer also will be contingent upon satisfactory references. Atlantic Food Mart does not normally solicit the services of outside agencies to investigate and report on character, general reputation, personal characteristics and the like with respect to applications submitted by persons being considered for employment. However, in individual's cases, Atlantic Food Mart may elect to do so, and this statement has been included in my application for employment to inform me in this regard. I acknowledge that I have been advised that I have a right to request in writing, information concerning the nature and scope of any such investigation. I hereby release from liability all persons, firms, schools, organizations and/or corporations furnishing references or other information concerning me. I also release Atlantic Food Mart, its affiliated companies, associates and agents from any liability that might result from requesting such information.

I further understand that any misleading or incorrect information, misrepresentation, or omission of facts may render this application void or may be cause for immediate dismissal whenever discovered and that the acceptance of this application does not necessarily indicate that there are positions open at present. I certify that the statements made on this application are true and complete and further agree that such statements may be investigated. I also recognize that Atlantic Food Mart's policies; rules, benefit plans, and procedures may be modified or amended at any time at the discretion of Atlantic Food Mart. **I also understand that any dispute, claim or lawsuit concerning my employment will be settled by binding arbitration and must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit and hereby waive any statute of limitations to the contrary.**

If employed, I agree to conform to the rules and regulations of Atlantic Food Mart and understand that my employment and compensation can be terminated with or without cause at any time with or without notice at the option of Atlantic Food Mart or myself. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. I understand that no representative of Atlantic Food Mart other than the authorized officers have any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. Any such agreement made by an authorized officer must be in writing.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS APPLICATION WILL REMAIN ON FILE FOR A PERIOD OF NINETY (90) DAYS.**