

APPLICATION FOR EMPLOYMENT WITH WHITNEY'S SUPERMARKET

IMPORTANT - PRINT - ANSWER ALL QUESTIONS

| | | | | | | | |
|---|----|----|----|----|----|----|----|
| Applicant Must Indicate | | | | | | | |
| Position applied for _____ | | | | | | | |
| <input type="checkbox"/> Full Time: If full time job not available - would you consider part time? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| <input type="checkbox"/> Part Time: Circle days available and hours you can work: | | | | | | | |
| Day | M | Tu | W | Th | F | Sa | Su |
| FROM: | __ | __ | __ | __ | __ | __ | __ |
| TO: | __ | __ | __ | __ | __ | __ | __ |

APPLICANT WILL BE CONSIDERED FOR POSITION(S) INDICATED

Name _____ Social Sec. No. _____
Last First Middle

Home Address _____ Home Phone (____) _____
St. & Number City State Zip Code

If the job for which you have applied requires travel to different locations, do you have transportation available? _____ Yes _____ No

Are you 18 years of age or older? _____ Yes. If not, state your age _____

Have you ever been convicted of any felony, violent crimes, theft or drug sales/possession? _____ No _____ Yes

If yes, please describe. (A conviction record will not necessarily be a bar to employment. Factors such as age, time of the offense, seriousness, nature of the violation, relationships of the offense to the position sought, and rehabilitation will be taken into account.)

Have you ever been employed by Whitney's or its affiliates? _____ No _____ Yes. If yes, where and when _____

If yes why did you leave? _____

Relationship, location of any relatives now with Whitney's _____

Are you either a U.S. Citizen or an alien lawfully permitted to work in the United States? _____ Yes _____ No

All new hires will be required to prove eligibility to work in the United States in accordance with Federal Law.

| EDUCATION | NAME OF SCHOOL CITY AND STATE | NUMBER OF YEARS ATTENDED | HIGHEST GRADE COMPLETED | COURSE OF STUDY |
|-----------------------|----------------------------------|--------------------------------|-------------------------------|-----------------|
| GRADE SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE OR UNIVERSITY | | | | |
| POST GRADUATE | | | | |
| SPECIAL COURSE | | | | |

References: (Optional)

List name, complete address & telephone number of 3 personal references (other than relatives and employers)

Checked By:

1. _____
2. _____
3. _____

What are your salary requirements? _____

What position in Whitney's would you ultimately work towards? _____

PREVIOUS EMPLOYMENT RECORD - LIST LAST POSITION FIRST

| DATES | EMPLOYER | JOB DUTIES | PAY OR EARNINGS | REASON FOR LEAVING |
|---------------------------------|------------------|--|-----------------|--------------------|
| LAST JOB FROM TO | Name | | START \$ | |
| | Address | | Finish \$ | |
| | Type of Business | Your immediate Supervisor's Name/Title/Phone # | | |
| NEXT TO LAST JOB FROM TO | Name | | START \$ | |
| | Address | | Finish \$ | |
| | Type of Business | Your immediate Supervisor's Name/Title/Phone # | | |
| PRIOR JOB FROM TO | Name | | START \$ | |
| | Address | | Finish \$ | |
| | Type of Business | Your immediate Supervisor's Name/Title/Phone # | | |

How did you learn of this job? Advertisement Walk-In
 Referred by: Friend School Customer Agency Other _____

I hereby grant permission for the authorities of Whitney's, or its agents, to investigate my references, and I release Whitney's and all previous employers, corporations, credit agencies, educational institutions, persons and law enforcement agencies from any and all liability resulting from such an investigation. Upon my termination from Whitney's, I authorize the release of information in connection with my employment. I certify that the statements made on this application are true and correct, and thereby grant Whitney's permission to verify the information contained herein. It is understood that any false statements made herein may be cause for cancellation of this application or, if already employed, may be cause for termination.

I understand and agree that if hired my employment is for no definite period and may be terminated at any time for any reason at the option of Whitney's or myself. I further understand that, if employed, no supervisor, manager or representative of Whitney's, other than the Chief Executive Officer, has any authority to enter into or authorize any agreement, contract or guarantee of employment, whether oral or written, which is inconsistent with my or Whitney's right to terminate my employment at any time.

I understand that my employment may be contingent upon successful completion of a drug and/or alcohol screening. As may be authorized by applicable Federal and state law, I voluntarily consent that I will take a medical test for drugs and/or alcohol and do hereby authorize the release of the results of such tests to Whitney's. I understand that the test will be performed at Whitney's expense and waive all claims against Whitney's and those performing the test(s). I also understand and voluntarily consent that as a condition of continued employment, I will agree to submit to drug and alcohol testing. I hereby authorize the release of the results of such test to my employer and waive all claims against my employer and those performing the test or releasing information about the test. I understand that I may be subject to immediate termination for failing to submit to a drug or alcohol test. I further understand that a positive test will result in a rescission of Whitney's offer of employment.

It is the policy of The Whitney's Company to seek and employ qualified individuals in all positions, to provide equal opportunities for the advancement of associates including upgrading, promotion and training, and to administer activities in a manner which will not discriminate against any individual because of race, color, religion, sex, national origin, disability or age.

TO BE COMPLETED BY

INTERVIEWER AFTER

OFFER TO EMPLOY:

Starting Date _____

Salary Rate _____

Position _____

Date of Birth _____

Full Time Part time

Location _____

Area _____

W-4 Completed

I-9 Completed

Drug Screening Required Yes No

Date _____ Applicant's Signature _____

Signature of Interviewer _____

APPLICATIONS ACTIVE FOR A PERIOD OF 30 DAYS