



## Application for Employment - Salaried Position

### Tell us about yourself

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If any of your phone numbers above have voicemail, how often do you check for messages? \_\_\_\_\_

Can you read at the 6th grade level?  Yes  No

Have you ever been convicted of a felony?  Yes  No If Yes, please provide details on the back of the last page.

Have you ever worked for a McAlister's Deli before?  Yes  No If Yes, under what name? \_\_\_\_\_

If Yes, which location? \_\_\_\_\_

Do you have any friends or relatives working for us?  Yes  No Who? \_\_\_\_\_

Can you provide proof that you are over 18 years old?  Yes  No Over 21 years old?  Yes  No

Do you have a valid Driver's License or State Issued I.D. Card?  Yes  No Class \_\_\_\_\_ State \_\_\_\_\_

Card Number \_\_\_\_\_

Have you had any accidents or moving violations in the past 3 years?  Yes  No

If Yes, please provide details on the back of the last page.

Can you provide documentation of your legal right to work in the United States?  Yes  No

Is there any reason that you could not perform all physical aspects of the position for which you are being considered?  Yes  No

If Yes, please provide details on the back of the last page.

Is additional information concerning name change necessary for us to accurately check work or education records?  Yes  No

If Yes, please provide details on the back of the last page.

### Tell us what you want to do

What position are you applying for? \_\_\_\_\_

What are your salary requirements? \_\_\_\_\_ per \_\_\_\_\_

Would you accept another position?  Yes  No If so, which position? \_\_\_\_\_

Which do you prefer?  Full-time work  Part-time work If Part-time, approximately how many hours per week? \_\_\_\_\_

Which will you accept?  Full-time work  Part-time work

When are you available to start? \_\_\_\_\_

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	Day of the week	Morning/Afternoon	Afternoon/Evening	Anytime
Which Days and Shifts will you be available to work?	SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Tell us about your work experience

Please start with your most recent position and answer every question as completely as possible.  
Also, please attach a copy of your resume.

Company \_\_\_\_\_ Month and Year hired \_\_\_\_\_, \_\_\_\_\_ Month and Year left \_\_\_\_\_, \_\_\_\_\_

Company's Full Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Company's Phone Number (s) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Number of employees you supervised: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary \_\_\_\_\_

Direct supervisor's Name: \_\_\_\_\_ Supervisor's Position \_\_\_\_\_

Supervisor's Contact Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Major Responsibilities and Accomplishments:

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Company \_\_\_\_\_ Month and Year hired \_\_\_\_\_, \_\_\_\_\_ Month and Year left \_\_\_\_\_, \_\_\_\_\_

Company's Full Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Company's Phone Number (s) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Number of employees you supervised: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary \_\_\_\_\_

Direct supervisor's Name: \_\_\_\_\_ Supervisor's Position \_\_\_\_\_

Supervisor's Contact Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Major Responsibilities and Accomplishments:

Company \_\_\_\_\_ Month and Year hired \_\_\_\_\_, \_\_\_\_\_ Month and Year left \_\_\_\_\_, \_\_\_\_\_

Company's Full Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Company's Phone Number (s) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Number of employees you supervised: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary \_\_\_\_\_

Direct supervisor's Name: \_\_\_\_\_ Supervisor's Position \_\_\_\_\_

Supervisor's Contact Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Major Responsibilities and Accomplishments:

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## Tell us about your Education

### High School Information

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated?  Yes  No

Number of Years Completed \_\_\_\_\_ Verification Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### College Information

College \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated?  Yes  No

Number of Years Completed \_\_\_\_\_ Major \_\_\_\_\_ Verification Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Additional College Information (if needed)

College \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated?  Yes  No

Number of Years Completed \_\_\_\_\_ Major \_\_\_\_\_ Verification Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Graduate School Information

Graduate School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated?  Yes  No

Number of Years Completed \_\_\_\_\_ Major \_\_\_\_\_ Verification Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other Training Programs completed:

Professional Memberships and Certifications:

Other Comments:

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I hereby authorize the individuals, companies, and agencies concerned to provide McAlister's Corporation and its agents with all information necessary to verify the statements I have made in this application, and release them from any liability for providing such information. I understand that I must receive satisfactory references from previous employers as well as other contacts referenced either in this application or during the interview process in order to either receive an offer or to remain employed (if adverse information is discovered during the first 90 days of my employment). I understand that incomplete or unsigned applications will not be considered and that false, incomplete, or misleading statements will be grounds for my immediate discharge. I understand that any offer of employment is contingent upon the successful completion of all new hire paperwork as well as providing any information needed to prove my right to work status. I understand that these policies can not be changed except in writing.

Regardless of the guidelines contained in this application, I understand that my employment is in an "at-will" capacity and that I may terminate or I may be terminated at any time for any reason, or no reason at all.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_