



Application for Employment

WOODLANDS is an Equal Opportunity Employer and does not discriminate against qualified applicants on the basis of race, color, creed, religion, ancestry, age (40+), sex, marital status, national origin, disability, veteran status, or any other legally protected status.

Date _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone Number _____ 2nd Telephone Number _____

For what position(s) are you applying?

For what location(s) are you applying?
Kentfield Store Tiburon Store Cafe Ross Store

Do you have friends or relatives who work (or have worked) at WOODLANDS? If yes, state name and relationship.

Why are you applying to work at WOODLANDS? _____

Are you at least 18 years old? If NO, please complete the "under 18" application instead. Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____

(Note: we comply with the Americans with Disabilities Act and will consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed). Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered).

Are you currently employed? If yes, please complete the following:

Yes No

Company Name

Employed Since (date)

Company Location

Company Phone Number

Your Supervisor's Name

Position held

Wage/Salary

May we contact your current employer? Yes No

#1

Company Name

From: _____ to: _____
Dates Employed

Company Location

Company Phone Number

Your Supervisor's Name

Position held

Wage/Salary

Reason for Leaving

#2

Company Name

From: _____ to: _____
Dates Employed

Company Location

Company Phone Number

Your Supervisor's Name

Position held

Wage/Salary

Reason for Leaving

School Name

Location

Years completed

Degree or Diploma

High School _____

College _____

Other _____

Please list 2 individuals NOT related to or living with you who would be able to talk about how you would be as an employee.

Name

Occupation

Phone Number

City of Residence

How do you know each other?

Name

Occupation

Phone Number

City of Residence

How do you know each other?

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What is your current wage expectation? \$ _____

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When are you available to start? _____ How many hours per week do you want to work? _____

What schedule restraints or other time commitments do you have? (Classes, Meetings, other job(s) you plan to keep even if hired at Woodlands, etc.): _____

Please indicate your availability each day below: (For example: "10 a.m. on" , "Open" , "Unavailable" , etc.

<u> </u> initials	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
<u> </u> initials	I hereby authorize Woodlands Market to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
<u> </u> initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.
<u> </u> initials	I understand that all persons hired must submit valid proof of identity and employment eligibility as listed on US DOJ Form I9, page 2, within 3 days of being hired. Failure to submit valid and timely documentation will result in termination of employment.

I hereby attest that all statements I have made above are true and complete. I understand that any falsification or misrepresentation on this employment application is grounds for dismissal.

Applicant Signature

Date