

# **EMPLOYMENT APPLICATION**

Please complete the entire application.

## 1. Employer Information

**Applicant Information** 

Duke's Deli PO BOX 444 Hayes, Virginia 23072 (804) 699-3553

2.

It is the policy of Duke's Deli to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

# Applicant Full Name: Home Address: City/State/ZIP: Number of years at this address: Mobile phone: Social Security Number: Driver's License (State/Number): 3. Emergency Contact Who should be contacted if you are involved in an emergency? Contact Name: Relationship to you: Address: City/State/ZIP: Phone:

4.	Job Position Applied For: Crew Member		
5.	Who referred you to our company?		
6.	Are you at least 18 years old? Yes No		
7.	How will you get to work?		
8.	Are you willing to work any shift, including nights and weekends? Yes No If no, please state any limitations:		
9.	If you are offered employment, when would you be available to begin work?		
10.	If hired, are you able to submit proof that you are legally eligible for employment in the United States? Yes No		
11.	Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? Yes No		
	What reasonable accommodation, if any, would you request?		
12.	Applicant Employment History		
and m	our current or most recent employment first. Please list all jobs (including self-employment ilitary service) which you have held, beginning with the most recent, and list and explain aps in employment. If additional space is needed, continue on the back page of this ation.		
Super Job D	<del></del>		
	n for Leaving: of Employment (Month/Year):		
	byer Name:		
Super Job D	visor Name:		
	n for Leaving:		
	of Employment (Month/Year):		

## 13. References

List any two non-relatives who would be willing to provide a reference for you.

Name:	 _
Address:	
City/State/ZIP:	
Telephone:	
Relationship:	
Name:	_
Address:	
City/State/ZIP:	
Telephone:	
Relationship:	

## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Duke's Deli to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause.

With appropriate notice, I will have the full and complete discretion to end the employment
relationship when I choose and for reasons of my choice. Similarly, my employer will have the
right. Moreover, no agent, representative, or employee of Duke's Deli, except in a specific
written contract of employment signed on behalf of the organization by its President, has the
power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CER AGREE TO ITS TERMS.	TIFICATION AND I UNDERSTAND AND
APPLICANT SIGNATURE	DATE