PIGGLY WIGGLY APPLICATION FOR EMPLOYMENT

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS OR DISABILITY. NO QUESTION ON THIS APPLICATION IS ASKED FOR THE PURPOSE OF LIMITING OR EXCLUDING AN APPLICANT'S CONSIDERATION FOR EMPLOYMENT FOR REASONS CONTRARY TO FEDERAL, STATE, OR LOCAL LAW.

NOTE: CMM ENTERPRISES PIGGLY WIGGLY is an Equal Opportunity Employer.

APPLICANT'S CERTIFICATION:

I certify that the following information is correct and complete to the best of my knowledge, and I agree that any falsification or failure to furnish any requested information I have knowledge of at the time of filling out this application is sufficient grounds for the disqualification of my application for a job and/or the termination of my employment.

I further authorize this company to secure any additional information desired in connection with this application from any person, firm, company or institution without liability to any such person, firm, company or institution, or to this company.

I also agree, if employed by the company, to abide by the company policies, rules, and regulations, and I further agree that my failure to do so will be sufficient grounds for termination from the company's employ.

I understand that this application will be valid for a period of 60 days, and after 60 days, I will be required to reapply for employment if I still desire to work with this company. I agree that the use of this application blank does not Indicate that there are any positions open and does not obligate this company.

If I am employed, I agree to accept employment conditions of the company, now existing, or established in the future, including transfer from one department to another when directed by the company. I understand and agree that my employment with this company shall be probationary for a period of ninety (90) work days, and that my employment may be terminated at will by either the employee or the company.

I understand that before I am employed by the CMM ENTERPRISES PIGGLY WIGGLY COMPANY I will be required to furnish a copy of my social security card and other documents required by the I-9 form. I will not be allowed to clock in and work until these have been received by the manager. I have read and understand each of the statements above.

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DATE '	*	. Signature of I	Applicant	

GE	NERAL INFO	ORMATIC	אכ		•
Wh	y do you wa	ant to wo	ork for Piggly Wiggly?_		
	*		n	employee?	
- Are	you the onl	y suppor	t for your family?		_
*				rs ()Yes ()No .if N	•
			* *	of the hours? () Yes	
				sical functions of the posit	•
	Yes: ()No	a;	· ·	. ()
Have y	ou ever be	en injure	d while at work ?()	Yes ()No if yes, When_	Where
	ype of injur		*		
Has tha	t injury imp	acted.yo	our ability to perform t	he Job you are applying fo	r? ()Yes ()No
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EMPLOY	MENT REC	ORD		•	
Give LAS	T, or PRES	ENT, emp	oloyer's name first		• •
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Name (Last)	(M)	(First)	*
Address (St/PO Box#)	(Town)	(State)	(Zlp Code)
Phone # ()-()-()	æ.	Are you 18 years or Older)Yes ()No
Sex: ()Male ()Fema	<u>le</u>		-
Marital Status ()Single	[]Marrie	d ()Seperated	{ }Divorced
If married, Spouse' Name (Last)	-	(First)	
Whom do we notify in case of an en	пегдепсу	Relati	onship
Contact phone#	"	.*	•
Religious preferences () Baptist	t () Metho	odist () Muslim ()	Other *
Have you ever been employed by Pig	ggly Wiggly?	If yes, when?	مر
Where?			
Reason for leaving			*
Have you ever been fired/discharged	i from work?		
Have you ever been unable to perfor	rm your job?		
Have you ever been convicted of a co	rime other than	a minor traffic violation?	If yes, when?
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