

# APPLICATION FOR EMPLOYMENT



## MILES FARMERS MARKET

28560 Miles Road, Solon, OH 44139

ph 440.248.5222 • toll free 800.646.4537

fx 440.248.7518 • www.MilesFarmersMarket.com

Thank you for your interest in applying for a job with Miles Farmers Market. Because of our commitment to offering the highest possible quality to our customers, we are only interested in hiring the best people. We want to have a complete understanding of your qualifications, motivations and interests, so that we can make careful and deliberate hiring decisions that will benefit both Miles Farmers Market and our employees. Please answer the following questions honestly, completely and thoughtfully.

We are an Equal Opportunity Employer and do not discriminate in any aspect of employment on the basis of race, color, religion, sex, national origin, age, marital status, veteran status, disability or any other basis protected under the law.

Date of Application \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number

If you are under 18 years of age, do you have a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have ever worked under another name, please identify: \_\_\_\_\_

### YOUR JOB INTERESTS

Position Desired: \_\_\_\_\_ Date you can start work: \_\_\_\_\_

If a job description is attached, can you, with or without a reasonable accommodation(s), perform the essential functions of the job described? Yes \_\_\_\_\_ No \_\_\_\_\_

What starting salary or wage do you expect? \$ \_\_\_\_\_/hr \$ \_\_\_\_\_/wk \$ \_\_\_\_\_/month

Are you available for full-time work? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you available for part-time work? Yes \_\_\_\_\_ No \_\_\_\_\_

The normal working hours of Miles Farmers Market vary, encompass different shifts and require weekend work. Without indicating the need for any absences for religious practices during the normal working hours, are you otherwise available to work during these hours? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please specify: \_\_\_\_\_

How did you learn of this job opening? \_\_\_\_\_

Have you ever worked for Miles Farmers Market before? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Who was your supervisor? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Do you know anyone who works here? Yes \_\_\_\_\_ No \_\_\_\_\_ Who? \_\_\_\_\_

### YOUR EDUCATION AND TRAINING

Please Circle Highest Grade Completed:

1 2 3 4 5 6 7 8  
Grade School

9 10 11 12  
High School

1 2 3 4 5  
College

1 2 3 4  
Trade/Tech

What was the last school you attended? \_\_\_\_\_

What special skills did you acquire, during the course of your education which might be helpful for the job in which you are applying?  
\_\_\_\_\_

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### **YOUR WORK EXPERIENCE**

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Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you on layoff and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, to where? \_\_\_\_\_

Beginning with your present or most recent employer, describe your employment experiences below:

1. Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_  
month/year month/year

Description of your work and responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No," please explain: \_\_\_\_\_

May we contact your present employer at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No," please explain: \_\_\_\_\_

2. Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_  
month/year month/year

Description of your work and responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No," please explain: \_\_\_\_\_

3. Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_  
month/year month/year

Description of your work and responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No," please explain: \_\_\_\_\_

4. Next Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Next Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**ADDITIONAL PERSONAL INFORMATION**

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Do you have, or have you applied for, the legal right to remain permanently and work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been discharged or asked to resign by an employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

*A record of criminal conviction will not necessarily be a bar to employment, since the Company will consider factors such as age, time of the offense, the nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision.*

Have you ever been convicted of a crime, other than minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_  
If your answer is yes, please explain: \_\_\_\_\_

*Please complete this section if the job for which you are applying might require you to drive Company vehicles.*

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ License number and state: \_\_\_\_\_  
Have you had any driving accidents in the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details: \_\_\_\_\_

Has your driver's license ever been suspended, revoked, denied, or cancelled? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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**YOUR MILITARY EXPERIENCE**

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*Completing this section of the application is optional. Leave this area blank if you do not wish to answer.*

Have you ever served in the United States Armed Services?  
Yes \_\_\_\_\_ No \_\_\_\_\_ What branch? \_\_\_\_\_  
Describe any skills you acquired in the Service which would be useful to the job for which you are applying: \_\_\_\_\_

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**YOUR REFERENCES**

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*Completing this section of the application is optional. Leave this section blank if you do not wish to answer.*

List the names of three professional or personal character references who have known you for the last three years and from whom you can obtain letters of recommendation. Please do not list relatives:

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

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**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY**

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By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information which, if known to Miles Farmers Market, would affect my application unfavorably.

If I am hired and if Miles Farmers Market discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

This employment application will be considered active for ninety (90) days from the date received. If I want to be considered for a job with Miles Farmers Market after this period of time I must fill out another application.

If asked, I agree to submit to a medical examination which may include testing for drugs or alcohol prior to beginning work. I understand that if I am employed, I may be required, when job related and consistent with the Company's business needs, to undergo a medical examination or testing for alcohol. I further understand that I may be required to submit to a test for the use of illegal drugs at any time.

In consideration of my employment, I agree to abide by all of Miles Farmers Market's rules and regulations.

I understand that nothing in this employment application creates a contract of employment between me and Miles Farmers Market. If I am hired, my employment and compensation are "at will," which means that my employment can be terminated, either by the Company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, that is not an at-will agreement. Only the President of the Company has the authority to enter into a written employment agreement with me for any specified period of time.

I agree to release to Miles Farmers Market or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with business needs. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

In the event of my personal indebtedness to Miles Farmers Market, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

I give Miles Farmers Market my permission to conduct any investigation regarding the information contained in my employment application, which the Company thinks is necessary to determine my qualifications for assuming a job with the Company. I give the Company my permission to contact any former employer, school, college or university, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to the Company whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

ANY STATUTORY OR NON-STATUTORY CLAIMS ARISING OUT OF OR IN CONNECTION WITH ANY ASPECT OF MY EMPLOYMENT OR ANY TERMINATION THEREOF (INCLUDING BY WAY OF EXAMPLE BUT NOT LIMITATION, DISPUTES CONCERNING ALLEGED CIVIL RIGHTS VIOLATIONS, EMPLOYMENT DISCRIMINATION OF ANY KIND, RETALIATION, WRONGFUL DISCHARGE, ENTITLEMENT TO OVERTIME PAY, SEXUAL HARRASMENT, OR BREACH OF EXPRESSED OR IMPLIED CONTRACT OR TORT), SHALL BE EXCLUSIVELY SUBJECT TO BINDING ARBITRATION UNDER THE NATIONAL RULES FOR THE RESOLUTION OF EMPLOYMENT DISPUTES OF THE AMERICAN ARBITRATION ASSOCIATION ("AAA"), PROVIDED ALL SUBSTANTIVE RIGHTS AND REMEDIES INCLUDING ANY APPLICABLE DAMAGES PROVIDED UNDER PERTINENT STATUE(S) RELATED TO SUCH CLAIMS, THE RIGHT TO REPRESENTATION BY COUNSEL, A NEUTRAL ARBITRATOR, A REASONABLE OPPORTUNITY FOR DISCOVERY, A FAIR ARBITRAL HEARING, A WRITTEN ARBITRAL AWARD CONTAINING FINDINGS OF FACTS AND CONCLUSIONS OF LAW, AND ANY OTHER PROVISIONS REQUIRED BY LAW, SHALL BE AVAILABLE IN THE AAA FORUM. I FURTHER UNDERSTAND THAT THERE WILL BE NO RIGHT OR AUTHORITY FOR ANY SUCH CLAIM TO BE BROUGHT, HEARD OR ARBITRATED AS A CLASS OR COLLECTIVE ACTION, PRIVATE ATTORNEY GENERAL OR IN A REPRESENTATIONAL CAPACITY ON BEHALF OF ANY PERSON. ANY DECISION OF THE ARBITRATOR SHALL BE FINAL AND BINDING AS TO BOTH PARTIES, AND ENFORCEABLE BY ANY COURT OF COMPETENT JURISDICTION. NOTHING CONTAINED HEREIN SHALL PROHIBIT ME FROM FILING ANY CLAIMS OR CHARGES WITH ANY APPROPRIATE GOVERNMENT AGENCY. I UNDERSTAND THAT MY AGREEMENT HEREIN CONSTITUTES A WAIVER OF MY RIGHT TO ADJUDICATE CLAIMS AGAINST MILES FARMERS MARKET IN COURT, AND THAT I AM OPTING INSTEAD TO ARBITRATE ANY SUCH CLAIMS.

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Date

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Signature

## NEW APPLICANT QUESTIONNAIRE

1. When are you available to work?

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2. What type of wage will make you happy?

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3. Why are you looking for a change?

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4. If you are experienced, explain did you obtained your experience.

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5. Please tell us anything else about you that you believe is important for us know:

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# AVAILABILITY HOURS

Name \_\_\_\_\_

Position Desired \_\_\_\_\_

Please complete the schedule below for hours you are available each day

Sunday \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_