

**SHOPPERS SUPPLY  
APPLICATION FOR EMPLOYMENT**

If you need help to fill out this application form please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. Please complete all sides of the form. If more space is needed to complete any questions, use an extra sheet of paper. Print clearly; illegible applications will not be processed.

All applications will receive consideration without unlawful discrimination because of race, creed, religion, color, sex, age, national origin, disability, marital status, sexual preference, or gender identity.

LAST NAME	FIRST NAME	MIDDLE	
PHONE NUMBER(S) ( ) ( )		SOCIAL SECURITY NUMBER	
STREET ADDRESS	CITY	STATE	ZIP
ARE YOU AT LEAST 18 YEARS OF AGE? YES _____ NO _____	DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES FULL TIME? YES _____ NO _____	DATE AVAILABLE:	
POSITION YOU ARE APPLYING FOR: (MAXIMUM OF 2)			
HAVE YOU EVER BEEN EMPLOYED BY US? YES _____ NO _____	POSITION:		
IF YES, GIVE DATES YOU WERE EMPLOYED:	REASON FOR LEAVING:		
HAVE YOU EVER BEEN TERMINATED FROM A JOB? IF SO, STATE THE NAME OF THE EMPLOYER WHO TERMINATED YOU, THE DATE OF TERMINATION, AND THE REASON WHY YOU WERE TERMINATED.			

LIST ALL FORMAL EDUCATION THAT YOU HAVE COMPLETED. USE ANOTHER SHEET OF PAPER IF YOU NEED ADDITIONAL SPACE.

NAME/LOCATION	DID YOU GRADUATE?	MAJOR SUBJECT
HIGH SCHOOL(S)	YES _____ NO _____ IF NO, LIST THE HIGHEST LEVEL COMPLETED.	
COLLEGE(S)	YES _____ NO _____ IF NO, LIST THE HIGHEST LEVEL COMPLETED.	

TRADE SCHOOL(S)	YES _____ NO _____ IF NO, LIST THE HIGHEST LEVEL COMPLETED.	
-----------------	--	--

**List employment starting with your most recent job during the past 10 years. Account for any time period that you were unemployed by stating the nature of your activities. Use a separate sheet of paper if necessary.**

EMPLOYER:  TELEPHONE NUMBER: ( )	FROM:	TO:	PAY LEVEL PER: (YR/MO/WK/HR)
ADDRESS: CITY: STATE: ZIP:	JOB TITLE:	DESCRIBE YOUR DUTIES:	
SUPERVISOR'S NAME:	REASON FOR LEAVING:		

EMPLOYER:  TELEPHONE NUMBER: ( )	FROM:	TO:	PAY LEVEL PER: (YR/MO/WK/HR)
ADDRESS: CITY: STATE: ZIP:	JOB TITLE:	DESCRIBE YOUR DUTIES:	
SUPERVISOR'S NAME:	REASON FOR LEAVING:		

EMPLOYER:  TELEPHONE NUMBER: ( )	FROM:	TO:	PAY LEVEL PER: (YR/MO/WK/HR)
ADDRESS: CITY: STATE: ZIP:	JOB TITLE:	DESCRIBE YOUR DUTIES:	
SUPERVISOR'S NAME:	REASON FOR LEAVING:		

**MAY WE CONTACT YOUR PRESENT EMPLOYER: YES \_\_\_\_\_ NO \_\_\_\_\_**

**LIST ANY PROFESSIONAL, TRADE GROUPS, ORGANIZATIONS OR SPECIAL SKILLS THAT YOU CONSIDER RELEVANT TO YOUR ABILITY TO PERFORM THIS JOB:**

---



---



---



---



---



---

Were you in the Military? Yes \_\_\_\_\_ No \_\_\_\_\_ Branch \_\_\_\_\_

Do you have any experience from your military service that would be relevant to the job(s) for which you are applying?

If yes, please explain:

---

---

---

Have you ever been convicted of a crime other than a parking violation or speeding citation? If so, state the crime of which you were convicted, the date of conviction, and the state or jurisdiction in which you were convicted.

---

---

---

**NOTE: A conviction will not automatically disqualify an applicant for a particular job. The type and seriousness of the crime, the frequency of violations, the date of conviction, and the applicant's entire work and educational history will be considered.**

**Have you been given a job description or had the requirements of the job explained to you? Yes \_\_\_\_ No \_\_\_\_**

**Answer the following questions in this box if you have received a copy of the job description or had the requirements of the job thoroughly explained to you.**

**Do you understand the requirements? Yes \_\_\_\_ No \_\_\_\_**

**Can you perform the essential requirement of this job with or without reasonable accommodations? Yes \_\_\_\_ No \_\_\_\_**

**If no, please identify any and all accommodations that you are requesting and that would allow you to perform the essential requirements of the job.**

---

---

**If the job requires, do you have the appropriate valid driver's license?**

**DL#:** \_\_\_\_\_

**Type:** \_\_\_\_\_

**State of license:** \_\_\_\_\_

**Have you had any moving violations? Please describe:**

\_\_\_\_\_  
**Signature: (If signed at a different time than below)**

\_\_\_\_\_  
**Date: (If signed at a different time than below)**

**I understand:**

**That completing this application does not constitute an offer of employment and that my application may be rejected for any reason.**

**That giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment.**

**That I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company at the post-offer stage. I agree that this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and clinics/hospitals to give to this organization full and complete reports and records covering such examinations. Prior to commencing employment, all successful applicants must satisfactorily complete a post-offer pre-employment physical to ensure that the applicant is physically able to perform the essential functions of the job.**

**That use of illegal drugs is prohibited during employment and that I may be required to undergo and successfully pass a screening for alcohol and/or drugs that is included in a pre-employment physical examination. I also understand that, if employed, I may be required to submit to an alcohol or drug screening according to state law. I agree that this organization shall be entitled to receive full and complete reports and records governing any alcohol or drug screening, and I authorize any and all such doctors, medical examiners, and clinics/hospitals to give to this organization full and complete reports and records covering such examinations. I understand that testing positive for the use of illegal drugs may and likely will result in my not being offered employment.**

**That if I sustain any injury or illness while in the employment of this organization, I agree that this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and clinics/hospitals to give to this organization full and complete reports and records covering such examinations, condition, care and treatment related to or resulting from the alleged illness or injury.**

**I understand:**

**That this application will be active for a period of 60 days, after that time, if I wish to be considered for employment, I must submit a new application.**

#### **Authorization to Release Information**

**If I am given a conditional offer, I authorize this organization to make a complete investigation of me, including but not limited to my past employment history, scholastic records, criminal activity, motor vehicle driving records, and to receive the results of any physical examination, including the results of alcohol or drug screening, I may be required to undergo and to rely on such information sources. I understand that this organization may request an investigative consumer report from a consumer-reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to this organization within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for this information. I acknowledge that a telephone facsimile (fax) or photographic copy shall be as valid as the original.**

**I understand that if employment is obtained under this application, I will comply with all rules and policies of the company. I agree to be responsible for company property and equipment issued to me by the company until returned by me. I agree to pay for property and equipment not returned, and authorize the company to withhold an amount equal to the value of the property not returned by me from final pay. I agree that this authorization to withhold wages constitutes a bona fide written authorization**

as required under Chapter 91A of the Iowa Code or any similar statute in any other state to withhold wages, and that it is for my benefit that I have provided this authorization.

I understand that this employment application and any other employee related documents are not contracts of employment and that this organization follows an “employment-at-will” policy that an individual who is hired may voluntarily leave employment, and may be terminated by the employer at any time and for any or no reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon.

I have read and understand the above release and authorization. If I did not understand, I have had the opportunity to ask questions and obtain any additional information to allow me to understand. I freely and voluntarily provide my signature below.

---

Signature of Applicant

---

Date