

# SARAGA INTERNATIONAL GROCERY

Hi Mom Enterprises LLC  
3605 Commercial Dr.  
Indianapolis, IN 46222

T.(317)388-9999 F.(317)388-9998

It is the policy of Saraga 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.

## Employment Application

### APPLICANT INFORMATION

Last Name:	First:	M.I
Home Address		
City:	State:	ZIP:
Mobile Phone	DOB:	SSN:
Position Applied for <input type="checkbox"/> Cashier <input type="checkbox"/> Grocery <input type="checkbox"/> Produce <input type="checkbox"/> Seafood <input type="checkbox"/> Maintenance <input type="checkbox"/> Meat <input type="checkbox"/> Customer Service		
Full or Part Time? <input type="checkbox"/> Full <input type="checkbox"/> Part		
Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO		
How will you get to work?		
Are you willing to work any shift, including nights and weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If no, Please state any limitations		
If you are offered employment, when would you be available to begin working?		
If hired, are you able to submit proof that you are legally eligible for employment in the United States?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

### APPLICANT'S SKILLS

List any skills that may be useful for the job you are seeking. Enter the number of years of experience.

Skill:	Years of Experience:
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### APPLICANT EMPLOYMENT HISTORY

List your current of most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment.

Company:	Supervisor:	Phone:	
Address:	City:	ZIP:	
Job Duties:	Job Title:		
From:	To:	Starting Salary:	Ending Salary:
Reason for Leaving:			
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company:	Supervisor:	Phone:	
Address:	City:	ZIP:	
Job Duties:	Job Title:		
Reason for Leaving:			
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company:	Supervisor:	Phone:	
Address:	City:	ZIP:	
Job Duties:	Job Title:		
Reason for Leaving:			
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

### APPLICANT'S EDUCATION AND TRAINING

High School/GED Name :
Address:
Did you receive a degree? <input type="checkbox"/> YES <input type="checkbox"/> NO
College/University Name:
Address:
Did you receive a degree? <input type="checkbox"/> YES <input type="checkbox"/> NO
Military Service <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES		
<i>Please list three professional references.</i>		
Full Name:		Relationship:
Company:	Phone: (      )	
Address:	City/State/ZIP:	
Full Name:		Relationship:
Company:	Phone: (      )	
Address:	City/State/ZIP:	
Full Name:		Relationship:
Company:	Phone: (      )	
Address:	City/State/ZIP:	

### 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 **SARAGA** 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 SARAGA, 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 with 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 **SARAGA**, except in a specific written contract of employment signed on behalf of the organization by its **SARAGA**, has the power to alter or vary the voluntary nature of the employment relationship.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

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APPLICANT NAME AND SIGNATURE

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DATE

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