

# Murphy's Markets, Inc. Application for At-Will Employment

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT, but is merely intended to evaluate suitability for employment. It is our policy to provide equal opportunity for employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state or federal law. It is also our policy to conduct pre-employment screenings before a job offer is made.

This application for employment will not be considered unless fully completed. (PLEASE PRINT)

## APPLICANT INFORMATION:

Last Name:		First Name:		Middle Name:	
Address: Street:		City:		State:	Zip Code:
Telephone Number:			E-mail Address:		

Position desired: \_\_\_\_\_ Date: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Have you ever filed an application with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been employed with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you travel if a job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Work Desired Full time <input type="checkbox"/> Part time <input type="checkbox"/>

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

Yes  No

Proof of citizenship or immigration status will be required upon employment.

## EDUCATION:

School	Name of School & Location	Graduated		Major Subject/Degree
High School			No	
College			No	
Other (specify)			No	

Subjects of special study or research work:

\_\_\_\_\_

Special Training or Qualifications:

\_\_\_\_\_

Activities (Civic, Athletic, Etc.)

\_\_\_\_\_

You may exclude membership which would reveal sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under State or Federal law.

**FORMER EMPLOYERS:** List your employers for the past ten years, starting with the most recent.  
If you need additional space, please continue on a separate sheet of paper.

Date, Month, & Year	Name, Address, and Telephone # of Employer	Position	Reason for Leaving
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			

**REFERENCES:** Provide the names of three persons, not related to you, whom you have known at least one year.

Name	Address and Telephone Number	Years Acquainted
1.		
2.		
3.		

**APPLICANT’S STATEMENT:**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application shall be considered active for a period of time not to exceed 45 days.

I UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN “AT-WILL” NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS “AT-WILL” EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION SPECIFICALLY ACKNOWLEDGES SUCH CHANGE IN WRITING.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT – DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_