

Woodman's Employment Application – IL Only

PLEASE PRINT OR TYPE ALL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
APPLICATION FOR POSITION OF:	TODAY'S DATE	DATE AVAILABLE
WHAT SHIFT ARE YOU AVAILABLE TO WORK <input type="checkbox"/> 1ST OR 2ND SHIFT FULL TIME <input type="checkbox"/> 3RD SHIFT FULL TIME <input type="checkbox"/> NIGHTS & WEEKENDS <input type="checkbox"/> WEEKENDS ONLY		
<input type="checkbox"/> OTHER - PLEASE EXPLAIN:		
PRESENT ADDRESS – Street, City, State & Zip Code:		PHONE NUMBER – Include Area Code
MAILING ADDRESS – If Different From Above:		
PROVIDE ANY DIFFERENT NAMES YOU HAVE UTILIZED SINCE AGE 18.		

Do You Have A Reliable Source Of Transportation To And From Work? YES NO
 Do You Have A Valid Drivers License? (Applicable only for certain positions) YES NO
 Are You At Least 18 Years Of Age? YES NO
 Are You Legally Eligible To Work in the United States? YES NO

EDUCATION & TRAINING					
Circle Highest Grade Or Year Completed In School 1 2 3 4 5 6 7 8 9 10 11 12		DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A GED EQUIVALENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME AND LOCATION OF HIGH SCHOOL	
TRAINING BEYOND HIGH SCHOOL (College, University or Other Schools)					
SCHOOL NAME & LOCATION	NUMBER OF YEARS ATTENDED	CREDITS EARNED	MAJOR FIELD	GPA / BASIS	DEGREE EARNED
DESCRIBE ANY OTHER EDUCATION OR TRAINING WHICH YOU FEEL IS RELEVANT TO THE JOB(S) FOR WHICH YOU ARE APPLYING. ALSO INCLUDE RELEVANT LICENSES & CERTIFICATIONS. BE SPECIFIC.					

The essential functions of most jobs at Woodman’s will require that employees lift up to 50 lbs. frequently, bend and stoop frequently, push carts frequently, stand and/or walk long periods of time, some climbing, and work in extreme temperatures. To the extent these functions may be applicable to the position for which you are applying, can you perform all of the above functions or perform all of the above functions with reasonable accommodation? YES NO

Answering “NO” to this inquiry is not an automatic bar to employment. Woodman’s is an equal opportunity employer and complies with all facets of the American with Disabilities Act (and any applicable state laws).

Prior Military Service YES NO
 Branch: _____ Years: _____
 Rank at Discharge: _____
 Were you Honorably Discharged? YES NO
 If no, explain: _____

WORK EXPERIENCE: Provide a complete description of all jobs. Be specific. Start with your most recent job. For part-time work, show the average number of hours per week. Indicate any changes in job title with the same employer as a separate job.

Employer	Type Of Business	Location (Street Address, City, State, Zip Code)	
Job Title	Reason For Leaving		
Name of Supervisor	Length of Employment		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Job Duties	From (Month & Year)	To (Month & Year)	
	Beginning Pay \$ Ending Pay \$		
Employer	Type Of Business	Location (Street Address, City, State, Zip Code)	
Job Title	Reason For Leaving		
Name of Supervisor	Length of Employment		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Job Duties	From (Month & Year)	To (Month & Year)	
	Beginning Pay \$ Ending Pay \$		
Employer	Type Of Business	Location (Street Address, City, State, Zip Code)	
Job Title	Reason For Leaving		
Name of Supervisor	Length of Employment		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Job Duties	From (Month & Year)	To (Month & Year)	
	Beginning Pay \$ Ending Pay \$		
Employer	Type Of Business	Location (Street Address, City, State, Zip Code)	
Job Title	Reason For Leaving		
Name of Supervisor	Length of Employment		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Job Duties	From (Month & Year)	To (Month & Year)	
	Beginning Pay \$ Ending Pay \$		

MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? YES NO FORMER EMPLOYER? YES NO

HAVE YOU WORKED FOR WOODMAN'S BEFORE? YES NO Which Store? _____ What Years? _____

HAVE YOU EVER DONE ANY VOLUNTEER WORK? YES NO IF YES, DESCRIBE: _____

REFERENCES (List three other than former employers or relatives.)

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

BY MY SIGNATURE BELOW, I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of Woodman's to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, sexual orientation, or pregnancy, and to afford equal opportunities to disabled veterans, individuals with a disability, and any and other characteristic protected by federal, state or local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release Woodman's from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____

Date: _____

HOW DID YOU LEARN OF OUR JOB OPENINGS? NEWSPAPER AD IN STORE SIGN SCHOOL OTHER _____