1631 S. Laredo Street San Antonio, TX 78207 Telephone: (210) 225-7557 Fax: (210) 472-2883



DATE:		



EMPLOYMENT APPLICATION

Please print clearly

NAME:
ADDRESS:
CITY, STATE, ZIP CODE:
CELL PHONE# HOME PHONE#
EMAIL ADDRESS:
POSITION APPLYING FOR: Cashier Stocker Concessions Other
SHIFT AVAILABLE TO WORK - check all that apply:
Day Shift Afternoon Shift Full time Part-time
SPECIAL SKILLS or TRAINING (please check all that apply): Pallet Jack Forklift Computer data entry Bilingual verbal skills (English/Spanish) Supervisory experience Other
HOW DID YOU HEAR ABOUT OUR COMPANY? TWCCraigsList Company website Friend
Have you ever worked for Chicho Boy's Fruit Market before? Yes No When?
During the last 15 years, have you ever been convicted of, or have you pled guilty or no contest to, any felony charge of any kind? Yes No
Have you been charged with any misdemeanor(s) within the past 15 years? Yes No
If your answer is "Yes", provide a detail explanation of the nature of the offense, name and location of court and disposition of the case(s) on the back of this page. A conviction may not

If y loc disqualify you, but a false statement and omission of information will. NOTE: Some positions

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may require additional information related to the convictions of misdemeanors.

PHYSICAL REQUIREMENTS

- Must read and write English unless specified on job description
- Able to lift 25-50 lbs. without assistance
- Able to work in cool environment
- Able to stand on feet for at least 8-10 hours at a time
- Able to bend, reach and lift with limited restriction

ARE YOU ABLE TO MEET THE PHYSICAL REQUIREMENTS AS STATED ABOVE? Yes ______ No _____

Education																
CIRCLE HIGHEST (GRADE CO	MPLETED:	1 2	3	4	5	6	7 8	9	10	11	12	13	14	15	16
NAME OF LAST SCI	HOOL ATT	ENDED:														
CITY/STATE:					_											
THE LAST YEAR YO	DU ATTENI	DED SCHOO	L: 19)	_	20_										
DO YOU SPEAK EN	GLISH?		REA	D EN	IGLI	SH?					WRI	TE E	NGL	ISH?		
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COMPANY NAME					CI	ΓY /	STA	TE								
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SALARY / WAGES:	STARTING	GPAY: \$_			PER _		E	NDIN	G PA	Y :	\$		P	ER _		
COMPANY NAME					CI	ΓY /	STA	TE								
TELEPHONE	SUPERVISOR'S NAME															
POSITION _																
JOB DUTIES																
REASON/S FOR LEA	VING															
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RELEASE FORM TO OBTAIN A CONSUMER BACKGROUND REPORT

By signing the release below, I hereby authorize Market Fresh Produce to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history. I release from all liability all persons, companies and schools that supply such information. I indemnify Market Fresh Produce against any liability which may result from making such requests. This release shall remain in effect for the length of my employment, if hired. I understand that I may request a copy of the consumer report and a written description of my rights under the Fair Credit Reporting Act (FCRA), 15 U.S.C. § et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws.

Below are agencies used to obtain employment, education, consumer credit history, driving records, criminal records and general public records historical data. One or more agency may be used.

Texas Department of Public Safety	<u> </u>
Crime Records Service	www.publicdata.com
CJIS Field Representatives	1-877-762-6266
P.O. Box 4143	
Austin, Texas 78765	San Antonio Retail Merchants Association
Phone: (512) 424-2478	1801 Broadway, San Antonio, TX 78215
Email: afis cjis@dps.texas.gov	1-800-955-5238
Applicant Name – include all names used:	
Applicant Signature:	
Date of signature:	
Applicant Social Security Number:	
Applicant Date of Birth: (month, day, year)	
Date degree received, if applicable:	
Driver's license # and state issued:	

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APPLICANT'S STATEMENT (READ CAREFULLY BEFORE SIGNING)

Market Fresh Produce dba Chicho Boy's Fruit Market is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, national origin, age, disability or any other characteristic protected by law.

I acknowledge that all of the information provided by me in this application is true and complete, and I understand that any misstatement, falsification, or omission of information in this application, in my resume or other attached documents and any other supplemental information provided by me is grounds for refusal to hire, or if hired, termination regardless of when found. I agree that if I am hired to work for Market Fresh Produce, I agree to submit to any job-related medical exams or drug tests that may be required according the job description and position for which I was hired.

I further acknowledge that if I am employed, my employment will be at-will, and may be terminated with or without cause at any time by me or by the employer. I understand that my employment relationship with Market Fresh Produce may be modified at any time without notice or cause and based on the needs of the organization, the following may be made mandatory: overtime, a rotating work schedule, or a change in the hours worked on a daily basis. I also understand that this employment application in no way constitutes an employment contract or agreement. I agree to conform to the rules and regulations of Market Fresh Produce and also agree that my employment and compensation can be modified or terminated with our without cause, and with or without notice, at any time, at the option of either Market Fresh Produce or myself. I further understand that although my employment is at-will, only the President has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to foregoing, either prior to commencement of employment or after I have been employed. If terminated, Market Fresh Produce is only liable for wages or salary earned as of the hours worked and/or the date of termination.

I have read and understand the above Applicant's Statement.		
Applicant Signature:	Date:	