

APPLICATION FOR EMPLOYMENT

Notification of the need for reasonable accommodation in the application process:

If you will need an accommodation to complete the application and/or the interview process, please notify us in advance so we can make appropriate arrangements.

NAME TODA ADDRESS							ATE	
				DA		FOR WORK		
110IVIL II								
	not employ pe n you furnish v		•	are between	16 and 18		Yes	No
Are you employed now?								
If "yes", may we contact your present employer?								
Have you ever been employed by Roth's Fresh Markets?								
If "yes", give I	location and o	lates:						
Can you lawfully work in this country and can you provide proof of that?								
Type of work	desired:	1st Choice	: <u></u>					
		2nd Choice	e:					
		3rd Choice	: <u> </u>					
Hourly wage	desired:							
Do you have a valid driver's license? License No.								
=			- '	cluding a felo				
as a juvenile)? Please note that a "YES" answer will not automatically bar you from consideration for employment. If "YES", please explain:								
AVAILABLE	TO WORK	: Full-Time	e 🗌 Part-Tir	me 🗌 Stock	ing Crew (11:0	00 p.m. to 7:	00 a.m	.)
AVAILABLE	HOURS YO	OU CAN WO	RK					
	SUN	MON	TUE	WED	THU	FRI	S	AT
Earliest								
Latest								

This Company is an equal opportunity employer. All applications will be considered without regard to age, race, national origin, religion, sex or other protected status in accordance with applicable federal and state equal opportunity laws.

EDUCATION	HIGH SCHOOL		COLLEGE	DLLEGE		
School Name, City / State						
Years Completed	9 10 11 12	1	. 2 3 4 Grad.	3 4 Grad.		
Summarize special skills a	LIFICATIONS AND CONS and qualifications, volunteer a lease include any proficiency i	ctivities, emplo	yment and other a	ectivities related t		
REFERENCES (List 3 no	n-relatives who are familiar with y	your qualification	ıs and actual work his	story and ability.)		
Name	Occupation/Relation	ship Yea	ars Known Tele	phone No.		
1						
3						
EMPLOYMENT EXPER	RIENCE (Start with your present or	last job. List your	last 3 jobs in order. Do	not omit any job.)		
1) Employer:		Employed				
Address:			From:	To:		
City:	State:	Zip:	s	alary (hourly)		
Supervisor:	Telephone:		Starting:	Ending:		
Your Job Position:		Duties:				
What did you like most al	bout your job?:					
	oout your job?:					
Reason for leaving:						
2) Employer:			Employed			
Address:			From:	To:		
City:	State:	Zip:	s	alary (hourly)		
Supervisor:	Telephone:		Starting:	Ending:		
Your Job Position:		Duties:				
What did you like most al	bout your job?:					
What did you like least at	oout your job?:					

Reason for leaving:

3) Employer:			Employe	ed
Address:			From:	To:
City: State:		Zip:	Sa	alary (hourly)
Supervisor:	Telephone: _		Starting:	Ending:
Your Job Position:		Duties:		
What did you like most about your job?: _				
What did you like least about your job?: _				
Reason for leaving:				
Please read the following statements carefully and dated are considered valid. Resumes may signed application. If you have any questions re	be submitted	out will not be accepte	ed in lieu of a c	ompleted and
I certify that all answers and statements I he materials) are true and complete without omis will result in refusal to hire or immediate disched and in this application to give you componentate and qualifications.	sions. I unders arge if I am en	stand that any false on ployed. I authorize a	r misrepresenta any of the perso	ation of information ons or organizations oyment, education,
I understand that Roth's has a commitment prohibited by state law, requires a drug screenidrug screening will consist of the testing of a traceable amounts of a controlled substance Laboratory determines that my specimen cordisqualified from consideration from employment and agree that if I am employed, I may be reduring my employment.	ng as a part of saliva sample in my body. Intains a contro	its selection and hiring or other medically rather a confirmate lled substance or was of employment will	ng process. I un ecognized test ory result from us altered or so be withdrawn.	nderstand that such designed to detect Clinical Reference ubstituted, I will be I further understand
I agree to conform to all rules and regulations of that my employment can be terminated, at the except as specifically set forth in writing in agreement.	discretion of the	ne Company or at my	option, without	notice, at any time,
I understand that no representative of the Complete at-will nature of the employment except the at-will nature of the employment except the state of the employment except the except the employment except the except the except the except the except except the exce	•	-		
I understand that Roth's will contact me if they applicants.	have a job off	er and that Roth's doe	es not discuss h	niring decisions with
have read, understand and agree with the abo	ve.			
Signature of Applicant:			Date:	
(Please print this application, fill it out and	bring it to the st	ore of your choosing for	employment co	nsideration.)
This application is valid for only three hundred	sixty five (365) days from the date I	signed. If I wa	ant to be considered

An Equal Opportunity Employer

for job openings more than three hundred sixty five (365) days from date signed, I will submit a new application.