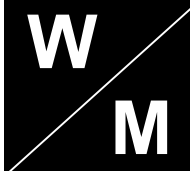


Please complete both sides
and sign where indicated.

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND CONSIDERS
ALL APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE,
COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR DISABILITY

Payroll Use Only
Empl.# _____
Store # _____
D.O.E. _____

-EMPLOYMENT APPLICATION - CONFIDENTIAL -



WAREHOUSE MARKET, INC.

"The Original Warehouse Market Discount Food Store Since 1938"

LAST NAME • FIRST NAME • MIDDLE NAME • (MAIDEN NAME IF APPLICABLE)

SOCIAL SECURITY NUMBER

STREET ADDRESS CITY STATE ZIP CODE

() PHONE NUMBER

PLEASE COMPLETE THIS BLANK IF YOU ARE APPLYING FOR A POSITION WHICH MAY INVOLVE OPERATING A
MACHINE WHICH, IN ACCORDANCE WITH REGULATION, REQUIRES YOU TO BE 18 YEARS OF AGE OR OLDER.

→ DATE OF BIRTH _____

PERSONAL

HAVE YOU EVER BEEN CHARGED WITH A FELONY? YES NO IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN DISCHARGED OR REQUESTED TO RESIGN FROM A JOB? YES NO IF YES, EXPLAIN: _____

POSITION APPLYING FOR: _____ SALARY REQUIREMENTS _____

FULL-TIME PART-TIME ARE YOU WILLING TO WORK A ROTATING SCHEDULE? YES NO

IF YOU ARE AVAILABLE ONLY LIMITED HOURS DUE TO SCHOOL, ETC., PLEASE LIST HOURS YOU WILL BE AVAILABLE:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

HAVE YOU EVER WORKED FOR THIS COMPANY? YES NO IN WHAT CAPACITY? _____
LOCATION: _____ WHEN _____

NAMES OF RELATIVES AND FRIENDS EMPLOYED HERE: _____

IN CASE OF EMERGENCY CONTACT:

NAME _____ TELEPHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERSONAL PHYSICIAN TO NOTIFY IN AN EMERGENCY _____ PHONE _____

EDUCATION

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	MAJOR	GRADE AVERAGE
HIGH SCHOOL				
BUSINESS/TRADE				
UNIVERSITIES				
CURRENT STUDIES				

PERSONAL REFERENCES

NAME: _____ ADDRESS: _____ PHONE _____

NAME: _____ ADDRESS: _____ PHONE _____

EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. May we contact your present employer? Yes No Please indicate if you were employed under a different name.

DATES EMPLOYED	NAME/ADDRESS/PHONE OF EMPLOYER	POSITION & SUPERVISOR	DUTIES OF JOB	REASON FOR LEAVING
FROM:				
TO:				
WAGES:				
FROM:				
TO:				
WAGES:				
FROM:				
TO:				
WAGES:				
FROM:				
TO:				
WAGES:				
FROM:				
TO:				
WAGES:				

BY SIGNING THIS APPLICATION YOU ARE AGREEING TO THE FOLLOWING:

1. I understand that this application is not a contract of employment and that the company is free to deny me employment for any lawful reason deemed sufficient to the company.

2. If I should be hired by the company, I understand that the company will follow an "employment at will" policy. This means that I or the company may terminate my employment, without notice at any time and for any reason. I also understand that this "employment at will" policy cannot be changed by any written statement in an employee handbook, policy or procedure of the company or by any verbal statement made by any employee, supervisor or member of management.

3. I authorize and request that my present employer (unless otherwise noted above), my former employers and those individuals I have listed as references, furnish information about my employment history, including the reason for my termination, work performance, abilities, and other qualities pertinent to my employment qualifications and hereby release them from any and all liability for damages arising from their furnishing the requested information.

4. I affirm that all of the information provided in this application is true and correct to the best of my knowledge. I understand that the misrepresentation of any fact in this application may result in the denial of my application, or if I have already been employed when the misrepresentation is discovered, it may result in the immediate termination of my employment.

SIGNATURE _____ DATE _____