



## EMPLOYMENT

|   |  |   |
|---|--|---|
| 1 | Company Name                           | Telephone   |
|   | Address                                | Employed-(State month and year)<br>From:                      To: |
|   | Name of Supervisor                     | Weekly Pay  |
|   | State Job Title and Describe Your Work | Reason for Leaving  |

|   |  |   |
|---|--|---|
| 2 | Company Name                           | Telephone   |
|   | Address                                | Employed-(State month and year)<br>From:                      To: |
|   | Name of Supervisor                     | Weekly Pay  |
|   | State Job Title and Describe Your Work | Reason for Leaving  |

|   |  |   |
|---|--|---|
| 3 | Company Name                           | Telephone   |
|   | Address                                | Employed-(State month and year)<br>From:                      To: |
|   | Name of Supervisor                     | Weekly Pay  |
|   | State Job Title and Describe Your Work | Reason for Leaving  |

|   |  |   |
|---|--|---|
| 4 | Company Name                           | Telephone   |
|   | Address                                | Employed-(State month and year)<br>From:                      To: |
|   | Name of Supervisor                     | Weekly Pay  |
|   | State Job Title and Describe Your Work | Reason for Leaving  |

## MILITARY

|  |                       |
|--|-----------------------|
| Did you serve in the Armed Forces?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes" what Branch? |
|  |                       |
|  |                       |

## OTHER INFORMATION

|  |   |
|--|---|
| Are you over 18 years of age?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If not, employment is subject to age verification.  |   |
| Have you been convicted of a crime in the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes" describe in full. (A conviction record will not necessarily be a bar to employment)   |   |
| What was your previous address?  | How long at your present address? _____<br>How long at your previous address? _____ |
| Have you ever been previously employed by Houchens Industries, Inc which owns and operates Houchens Markets, Jr. Food Stores, Save-A-Lot Stores, Stewart & Richey Construction, Southern Recycling, Center of Insurance, Foodland, Piggly Wiggly, Adams and Sullivan, Buehlers Buy Low, Scot Mkts, Shell and Pan Osten, Sonic Drive-In, Whites Fresh Foods, Subway, Scotty's, IGA, Crossroads IGA, IGA Express, American Sun Systems, Cohen's Fashion Optical, Employers Risk Services, Food Giant, Four Seasons, Hilliard Lyons, Hitcents, Stephens Pipe & Steel, Tampico, T S Trucking and Van Meter Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this Application for Employment may result in my dismissal.

I authorize Houchens Industries, Inc. and its agents to conduct a background investigation of my personal, employment, criminal, and credit/financial histories as well as other matters in arriving at an employment decision. I hereby release former employers, educational institutions, law enforcement agencies, credit agencies and all other persons or legal entities from any and all liability in responding to inquiries during the investigation of my background and further release Houchens Industries, Inc. from any and all liability in connection with the investigation of my background.

If employed, I agree to comply with all policies, procedures and conditions of Houchens Industries, Inc. relating to my employment. I understand that my employment can be terminated at any time, with or without cause, at the discretion of either Houchens Industries, Inc. or me. I further understand and agree that the development and dissemination of policies, procedures, handbooks or other literature by Houchens Industries, Inc. does not and will not in the future constitute or establish a contractual or other obligation to continue my employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*For Employer's Use Only*

**REFERENCE CHECK**

| Employer | Person Contacted | Results |
|----------|------------------|---------|
| 1        |                  |         |
| 2        |                  |         |
| 3        |                  |         |
| 4        |                  |         |

**TEST RESULTS**

| Test Administered | Raw Score | Rating | Analysis and Comments |
|-------------------|-----------|--------|-----------------------|
|                   |           |        |                       |
|                   |           |        |                       |
|                   |           |        |                       |
|                   |           |        |                       |

**Interview Results**

| Interviewer Name and Comments |
|-------------------------------|
|                               |
|                               |
|                               |

**APPLICATION QUESTIONNAIRE**  
**(Operated by Houchens Food Group)**

**INSTRUCTIONS:** Please answer all of the questions below.

1. Can you submit verification of your eligibility to work in the United States? \_\_\_\_ Yes \_\_\_\_ No  
If not, your application cannot be processed. **You will not be allowed to start work until you provide verification.**
2. Are you at least 18 years of age? \_\_\_\_ Yes \_\_\_\_ No
3. Have you ever worked for Jr. Foods Stores, Inc., Southern Recycling, Inc., Center of Insurance, Inc., Stewart and Richey Construction, Inc. or in a Houchens Markets, IGA, or Save-A-Lot Food Stores or Foodland or Piggly Wiggly or Sonic, or Shell, or Pan Osten, or Buehlers Buy Low, or Scot Markets or Adams & Sullivan operated by Houchens Food Group?  
\_\_\_\_ Yes \_\_\_\_ No
4. Do you object to working nights? \_\_\_\_ Yes \_\_\_\_ No
5. Do you object to working weekends? \_\_\_\_ Yes \_\_\_\_ No
6. Do you object to working holidays? \_\_\_\_ Yes \_\_\_\_ No
7. Do you object to selling tobacco products? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A
8. Have you been convicted of any felony or twice convicted of an misdemeanor involving alcohol related offenses within the last two years? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A
9. Have you had an alcohol license revoked within the last two years? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A
10. Would you be willing to take an assignment to another local store? \_\_\_\_ Yes \_\_\_\_ No
11. Do you have a telephone? \_\_\_\_ Yes \_\_\_\_ No
12. What days and hours are you available to work?

Sunday \_\_\_\_\_ to \_\_\_\_\_

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

I understand that this Application Questionnaire is a part of the Application for Employment for the position which I am applying. I hereby certify that the above information is true and correct and that if I am employed, any false information contained on this Application Questionnaire shall be grounds for the termination of my employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Application

HOUCHENS FOOD GROUP, INC.  
REFERENCE CHECKING AUTHORIZATION  
PERMISSION TO OBTAIN INFORMATION

This document authorizes Houchens Food Group, Inc. to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee or a candidate for employment.

This form may be given to agencies, employers, and/or schools you have attended for authorization to release information on your employment, academic history, or driving record to Houchens Food Group, Inc. Employment at Houchens Food Group, Inc. is contingent upon satisfactory references and driving records (where applicable).

By signing below, I grant permission to release information to Houchens Food Group, Inc., relating to my work, academic experience, and/or driving record. I further understand that information obtained may be used by this employer in its sole discretion and without liability to determine eligibility for initial or continued employment. I am will that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

\_\_\_\_\_  
First, Middle, Last Name (Please print or type)

\_\_\_\_\_  
Driver License #

\_\_\_\_\_  
State of Issue

If name change (through marriage or otherwise), please print former name(s) here:

\_\_\_\_\_

Please provide current and any previous address/es during the past seven years:

Current: \_\_\_\_\_

\_\_\_\_\_

Previous: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date