

IGA is an Equal Opportunity Employer and will not discriminate on the basis of race, color, religion, sex, national origin, disibility, veteran status, age, marital status, sexual orientation or other legally protected characteristics.

I understand that by filling out this application there is no guarantee that I will be hired. IGA reserves the right to withdraw any offer of employment at any time; similarly, the applicant has the right to withdraw this application at any time. If you wish to submit a resume, you may attach it to this application but, in addition, you must complete this application, including employment history, and answer all questions fully and accurately.

NAME							
	LAST	FIRST	MIDDLE		OTHER NAMES UND	ER WHICH YOU	HAVE WORKED
ADDRESS	NUMBER AND ST	DEET	APT#	CITY		STATE	ZIP CODE
	NOMREK WIND 9 I	KEET	API#	CITY		SIAIE	ZIP CODE
TELEPHONE #				SOCIAL S	SECURITY#		
POSITION(S) DESIRED:						
I AM AVAIL	ABLE FOR: FULL TIME DAYS WEEKENDS		DATE AV PART TIME NIGHTS HOLIDAYS	/AILABLE FOF	ON-CALL GRAVEYARD		
Have you ev	ver been emplo	yed by IGA?	□ Yes	□ No	If yes, when?		Dept?
If hired for a at least 19 y	I require verification I position involvi vears of age. Do een convicted o	you qualify? f a felony in the las	nd/or serving of alcoh □ Yes □ No □	□ Yes	□ No oyment.)		
EDUCATION	SCHO	OOL ATTENDED	CITY/ STAT	Γ Ε	LAST YEAR COMPLETED	DEGREE RECEIVED	MAJOR / MINOR
HIGH SCHOOL					9 10 11 12		
COLLEGE/ UN	IVERSITY				1 2 3 4		
OTHER					1 2 3 4		
SPECIAL TRAI	INING			SKILLS			
	Calculator Cash register PBX console Dictation equipme	☐ 10-Key addi	•	employment.	s that may enhance your These may include, but e other than English.	•	

EMPLOYMENT HISTORYStart with the most recent employer. All first time must be accounted for. Include part-time, tempory and contract positions.

Date Hired:	NAME OF EMPLOYER		NAME AND TITLE OF IMMEDIATE SUPERVISOR
Mo Yr			
Date Left:	ADDRESS OF EMPLOYER	PHONE	REASON FOR LEAVING
Mo Yr			
	POSITION HELD AND DUTIES		May we contact this employer? □ Yes □ No
	<u> </u>		
Date Hired:	NAME OF EMPLOYER		NAME AND TITLE OF IMMEDIATE SUPERVISOR
Mo Yr			
Date Left:	ADDRESS OF EMPLOYER	PHONE	REASON FOR LEAVING
Mo Yr			
	POSITION HELD AND DUTIES		May we contact this employer? □ Yes □ No
Date Hired:	NAME OF EMPLOYER		NAME AND TITLE OF IMMEDIATE SUPERVISOR
Mo Yr			
Date Left:	ADDRESS OF EMPLOYER	PHONE	REASON FOR LEAVING
Mo Yr			
	POSITION HELD AND DUTIES		May we contact this employer? □ Yes □ No
Date Hired:	NAME OF EMPLOYER		NAME AND TITLE OF IMMEDIATE SUPERVISOR
Mo Yr Date Left:	ADDRESS OF EMPLOYER	PHONE	REASON FOR LEAVING
	ABBRESS OF LIME ESTER	···	NEW CONTROL WIND
Mo Yr	POSITION HELD AND DUTIES		May we contact this employer? □ Yes □ No
	_		
•	ed, dismissed, asked to resign or otherwise t es not necessarily prohibit employment.) If y	• •	□ Yes □ No
Please advise us of you	ur wage requirements.	From: <u>\$</u>	to <u>\$</u>
Date	Signati	ure	
		· · ·	