

THE ROBERT WHOLEY COMPANY REQUIRES PRE-EMPLOYMENT/POST-OFFER DRUG TESTING.

Please print clearly, in ink.

Last Name	First Name	Middle Initial
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Street Address	City	State	Zip
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Phone	Email
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Are you legally entitled to work in the US? ☐ Yes ☐ No

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

How were you referred to The Robert Wholey Co.? _____

Have you ever worked for The Robert Wholey Co.? ☐ Yes ☐ No

If yes, when and where? _____

Why did you leave? _____

Do you have any relatives currently working with us.? ☐ Yes ☐ No

If yes, state their name, position and location. _____

Have you been convicted of a misdemeanor or a felony in the past 7 years other than a minor traffic offense that has not been pardoned or expunged from your record? ☐ Yes ☐ No

If yes, list date, city, charge and disposition. (Conviction will not automatically disqualify you for consideration for employment.)

WORK POSITION DESIRED

☐ Grocery ☐ Kitchen ☐ Produce ☐ Bagger/Lot

☐ Meat ☐ Seafood ☐ Deli ☐ Cashier

☐ Management ☐ Other _____

Type of employment. ☐ Full-Time (40 hrs/wk) ☐ Part-Time (less than 40 hrs/wk) ☐ Daylight ☐ Night

In the retail/wholesale food business, some shifts start as early as 7am and others end as late as 7pm. Certain positions include weekend hours. Are there any hours during those times that you are unavailable? _____

If necessary, are you able to work overtime? ☐ Yes ☐ No

If you are considered for employment, how soon can you start work? _____

EDUCATION / TRAINING

SCHOOL	Name of school, city, state	Years completed?	Degree?	Type of course/major
College:				
High School:				
Other training or certifications:				

Did you serve in the U.S. Armed Forces? ____ Yes ____ No If so, what branch? _____

WORK EXPERIENCE

List your previous experience, beginning with your most recent position.

Employer	Start Date	End Date
Address		Phone Number
Duties	Start Pay	Final Pay
Supervisor s Name	Reason for Leaving	

Employer	Start Date	End Date
Address		Phone Number
Duties	Start Pay	Final Pay
Supervisor s Name	Reason for Leaving	

Employer	Start Date	End Date
Address		Phone Number
Duties	Start Pay	Final Pay
Supervisor s Name	Reason for Leaving	

REFERENCES

Reference (not related to you)		Reference (not related to you)	
Street Address, City, State, Zip		Street Address, City, State, Zip	
Phone	Job Title	Phone	Job Title
How acquainted and for how long?		How acquainted and for how long?	

IN DEPTH

Why do you want to work with The Robert Wholey Co.? _____

Describe a situation in which you accomplished a goal as part of a team. _____

What skills would you bring to a job at The Robert Wholey Co.? _____

Give an example of a time when you received extraordinary customer service. _____

Use 3 words that describe how you work. _____

If you could change anything about your last job, what would it be? _____

SIGN HERE TO COMPLETE

Please sign and return your application to Management. All applications will be kept on file for 12 months. Please apply at any of our locations that are convenient to you. Thanks so much for your time and interest!

Affidavit

I authorize and instruct this Company to make whatever inquiries it deems necessary (or any former employer personal reference, or school official named in this application or referred by a person named in this application and of any law enforcement agency) in order to verify any information given in my application and/or determine my qualifications and abilities and agree to release and hold harmless all such persons from any and all liability arising from the release of such information. I understand that such inquiries may include information as to my character, general reputation or personal characteristics. Statements I made in the application are true and complete. I understand that if in the judgment of the Company, I have made any false statements, omissions, concealments, any misrepresentations or I have failed to answer any questions fully and accurately or results of such investigation are not satisfactory, any offer made by the Company may be withdrawn or my employment with the Company may be terminated immediately without any obligation to me other than or payment at the rate agreed upon for services rendered after have been employed. I agree to conform to the rules and regulations of the Company and understand that if I am hired, my employment and compensation can be terminated with cause or notice at any time at the option of either the Company or myself. I understand that my application for employment does not create a contract of employment for any specified term. I further understand that no personnel recruiter or interviewer or other representative of the Company has any authority to enter into any agreement of employment for any specified period of time unless such agreement is in writing and signed by the Company's designated representative.

Signature _____ Date _____



Robert Wholey & Co., Inc.

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