



Date rec'd	
Location rec'd	
Rec'd by	

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION							
FIRST NAME		LAST NAME		MIDDLE INITIAL	OTHER NAMES USED		
STREET ADDRESS			CITY		STATE	ZIP CODE	
TELEPHONE			EMAIL				
ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF SELECTED FOR EMPLOYMENT, ARE YOU WILLING TO SUBMIT TO A DRUG SCREEN AND BACKGROUND CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO							
POSITION INFORMATION CHECK ALL THAT YOU ARE WILLING TO WORK							
DESIRED POSITION				DESIRED PAY RATE			
DESIRED EMPLOYMENT FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>		DESIRED SHIFT DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/>		AVAILABLE START DATE			
DAYS AND HOURS AVAILABLE FOR WORK							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
EARLIEST TIME AVAILABLE							
LATEST TIME AVAILABLE							
DESIRED STORE LOCATION			ARE YOU ABLE AND WILLING TO WORK AT OTHER LOCATIONS?				
EDUCATION AND TRAINING							
SCHOOL	NAME	LOCATION			DIPLOMA/DEGREE	GRADUATED	
HIGH SCHOOL							
COLLEGE							
OTHER							
ARE YOU SERVSAFE CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, PLEASE LIST WHAT CERTIFICATION(S) YOU HAVE AND EXPIRATION:				
ADDITIONAL TRAINING:							



EMPLOYMENT HISTORY BEGIN WITH YOUR MOST RECENT EMPLOYER (ATTACH A RESUME OR USE THE BACK OF THIS PAGE FOR ADDITIONAL EMPLOYMENT HISTORY AS NEEDED)			
EMPLOYER		EMPLOYER LOCATION	
JOB TITLE		SUPERVISOR'S NAME	
DATES OF EMPLOYMENT FROM: / / TO: / /		ENDING RATE OF PAY	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
PRIMARY DUTIES			
REASON FOR LEAVING			
EMPLOYMENT HISTORY BEGIN WITH YOUR MOST RECENT EMPLOYER (ATTACH A RESUME OR USE THE BACK OF THIS PAGE FOR ADDITIONAL EMPLOYMENT HISTORY AS NEEDED)			
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EMPLOYER		EMPLOYER LOCATION	
JOB TITLE		SUPERVISOR'S NAME	
DATES OF EMPLOYMENT FROM: / / TO: / /		ENDING RATE OF PAY	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
PRIMARY DUTIES			
REASON FOR LEAVING			



PROFESSIONAL REFERENCES			
NAME	TITLE	COMPANY	TELEPHONE

ADDITIONAL INFORMATION	
ARE YOU RELATED TO ANY PERSON EMPLOYED BY TURTLE MARKET?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO AND FROM WORK?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOW DID YOU HEAR ABOUT EMPLOYMENT AT TURTLE MARKET?	
WHY DO YOU WANT TO BE A TURTLE?	

BASIC MATH ASSESSMENT	
<p>A CUSTOMER WANTS TO PURCHASE AN ITEM THAT COSTS \$39.99. IT IS MARKED 20% OFF. HOW MUCH WILL THE ITEM COST?</p> <p><input type="checkbox"/> \$31.99 <input type="checkbox"/> \$19.99</p> <p><input type="checkbox"/> \$32.00 <input type="checkbox"/> NONE OF THESE</p>	<p>A CUSTOMER'S TOTAL PURCHASE IS \$5.12. THE CUSTOMER GIVES THE CASHIER \$6.02. HOW MUCH CHANGE IS THE CUSTOMER OWED?</p> <p><input type="checkbox"/> \$1.30 <input type="checkbox"/> \$0.90</p> <p><input type="checkbox"/> \$0.14 <input type="checkbox"/> \$0.92</p>
<p>EDDIE EARNED \$9.50 PER HOUR. HE WORKED 38 HOURS. HE EARNED A \$50.00 BONUS. HOW MUCH IN TOTAL DID HE EARN?</p> <p><input type="checkbox"/> \$97.50 <input type="checkbox"/> \$430.00</p> <p><input type="checkbox"/> \$450.00 <input type="checkbox"/> \$411.00</p>	<p>WHAT IS THE SUM OF 1.12 + .79 + 4.00 + 3.86?</p> <p><input type="checkbox"/> \$8.77 <input type="checkbox"/> \$9.77</p> <p><input type="checkbox"/> \$9.76 <input type="checkbox"/> \$10.07</p>

Turtle Market is an Equal Opportunity Employer. Terms and conditions of employment will be made without regard to race, color, national origin, religion, sex, pregnancy, age, disability, familial status, genetic information, or any other consideration made unlawful by applicable federal, state or local law.

I understand this application is not an offer, promise, or contract of employment, either expressed or implied. My employment would be "at will" and could be terminated by either Turtle Market or me at any time, with or without notice or cause.

I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Turtle Market to make an investigation of any of the facts set forth in this application and release Turtle Market from any liability.

 APPLICANT SIGNATURE

 DATE