



APPLICATION TO JOIN OUR TEAM



4150 Tom Leonard Drive * Glen Allen, Va. 23060
phone: (804) 364 - 5800 fax: (804) 364 - 2464

IDENTIFICATION

Date: _____

Name: _____

Address: _____ How Long: _____
street city state zip

Phone: (____) _____ Email: _____

Are you either a U.S. citizen or an alien who has legal right to remain and work in the U.S.? (you will be required to furnish proof of lawful work status if you are extended a job offer) Yes No

Are you at least 16 years old? Yes No Are you a Veteran? Yes No

Do you have work papers? Yes No Branch of service: _____
from: _____ to: _____

Have you ever been convicted of a crime other than a traffic violation? Yes No
If yes, please explain and give date, circumstances, nature and disposition of case:

EMPLOYMENT INTEREST

Position applying for: Please mark your 1st and 2nd choice.

Bakery Produce Cashier Garden/Seasonal Grocery Warehouse
 Other: _____ if you are applying for a management position, please attach resume.

What hours are you available for work? Please indicate day and hours

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Total number of hours willing to work a week: _____ Would you be willing to work overtime? Yes No

Are you presently employed: _____ Date you can start work: _____

Referred by: Own Initiative Advertising Road Sign Newspaper Flyer in Store

School Other Tom Leonard Team Member: _____

Due to the nature of Tom Leonard's business, I understand that if I am hired, I may be required to work nights, holidays, and weekends, and in various departments. Initial: (_____)

SKILLS & EDUCATION

| School | Name & Address | Course of Study | CIRCLE Last Year Completed | Did You Graduate? | List Diploma or Degree |
|---------|----------------|-----------------|----------------------------|---|------------------------|
| High | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Please indicate any skills or knowledge of equipment which you have been trained on.
(Language, machinery, computers, etc):

Extra-curricular activities (exclude racial, religious or nationality groups):

Do you know any team member currently working at Tom Leonard's? Yes No
If yes, whom?

What does GREAT CUSTOMER SERVICE mean to you?

Have you ever been discharged from a job other than a layoff? Yes No
If yes, please explain and identify the company:

Why are you applying to Tom Leonard's?

Please list 3 personal references who are not related to you.

| Name | Occupation | Years Known | Address | Phone |
|------|------------|-------------|---------|-------|
| | | | | |
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| | | | | |

SKILLS & EDUCATION

Even if you submit a resume, please list your work experience below, beginning with your present or most recent employer. Please include any summer, part-time or volunteer experience.

Were there any years you were unemployed? Yes No

| | | | |
|---|---|----------|-------------------------------------|
| Present or most recent employer | From MM/YY | To MM/YY | Job Title - Start |
| Address | Starting Salary | | Job Title - Present/Termination |
| City State Zip | \$ / Hr or Yr | | Reason for Leaving/Wanting to Leave |
| Name of Immediate Supervisor Phone # | Present/Ending Salary | | Major Responsibilities |
| Title Department | \$ / Hr or Yr | | |

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TO BE READ AND SIGNED BY ALL APPLICANTS

It is Agreed and Understood that:

1. Completing this application will in no way assure that I will be employed.
2. This application was completed by me, all entries on it and information in it are true and complete to the best of my knowledge, and any misrepresentations of information given shall be considered an act of dishonesty. I understand that any falsification or misrepresentation herein could result in my discharge in the event I am employed by Tom Leonard's. I will furnish freely such information or documents that may be required to complete my employment file.
3. I hereby authorize Tom Leonard's, or its agents, to investigate my previous record or employment to ascertain any and all information which may concern my record, whether same is of record or not, and I release my former employer from all liability for any damage on account of furnishing such information.
4. If employed, I understand that such employment is subject to the Security and Bonding Policies of Tom Leonard's.
5. In the event of my leaving Tom Leonard's for any cause, I authorize Tom Leonard's to answer any and all inquiries as to my conduct and qualifications while working for the company, and cause of my leaving.
6. I understand that if I am a qualified candidate for a job opening, I will be required to successfully undergo a drug screening as a condition of my employment. The signing of this form is my permission for Tom Leonard's or its agent to take samples of my urine and perform a drug screening test on such samples. Further, I give my consent for the release of the test results to authorized company management for appropriate review.
7. I understand that if employed, the number of hours I work may fluctuate with business needs. I also understand that, unless notified in writing, I am hired as a part time employee regardless of the number of hours worked.
8. I understand that my employment with Tom Leonard's can be terminated with or without cause at any time at either my option or the company option. No person employed by, or who is an agent of Tom Leonard's except Tom Leonard has the authority to enter into any agreement, expressed or implied, for employment for any specified period of time.
9. Applicants employed by a competitor of Tom Leonard's shall be required to resign their employment with the competitor as a condition of employment with Tom Leonard's.

Date _____ Applicant's Signature _____ Witness _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Interviewing Status:

Hired _____ Hold _____ No Interest _____

Hiring Status: Date _____ Dept _____

Position _____ Orientation date _____

Drug test date _____ Date of reference _____

Interviewed by _____ Manager interviewing _____

Schedule agree upon by applicant and manager

| | | | | | | |
|-----|------|-----|-------|-----|-----|-----|
| MON | TUES | WED | THURS | FRI | SAT | SUN |
|-----|------|-----|-------|-----|-----|-----|

Manager _____

Applicant _____