



# Employment Application



## Identity Statement

Kowalski Companies is a civic business. All stakeholders are obligated to organize, educate and set policy according to democratic principles and standards. We do this in partnership with other demonstrations of the Minnesota Active Citizenship Initiative to renew and sustain democracy and to create a world that is abundant and just.

### Tell us about yourself

Full Legal Name	Date
Street Address	City, State, Zip
E-mail Address	Primary Phone Number

### Please circle one

- Is employment temporary? YES NO If yes, when would employment end? \_\_\_\_\_
- Have you been known by any other names? YES NO If yes, what? \_\_\_\_\_
- Are you over the age of 18? YES NO If no, please state age: \_\_\_\_\_
- Can you, after employment, submit verification of your legal right to work in the U.S.? YES NO If no, please explain: \_\_\_\_\_
- Have you ever applied to a Kowalski's Market or White Bear Township Cub Foods? YES NO If yes, which location? \_\_\_\_\_
- Have you ever worked at a Kowalski's Market or White Bear Township Cub Foods? YES NO If yes, which location? \_\_\_\_\_
- Are you acquainted with anyone who works for Kowalski's Markets? YES NO If yes, please explain: \_\_\_\_\_
- Did you complete this application by yourself? YES NO If no, who helped you and why: \_\_\_\_\_

### How did you hear about us?

- Kowalski's website
- Indeed
- In-store advertisement
- Facebook
- Job fair
- Job board
- Employee referral
- If so, who? \_\_\_\_\_
- Other: \_\_\_\_\_

### What interests you about working for us?

What location(s) are you interested in working at?	What customer service position(s) are you applying for?		
What date could you start?	How many hours weekly would you like to work?		
Weekly Availability			
Monday	Tuesday	Wednesday	Thursday
Friday	Saturday	Sunday	Other Restrictions

How do you see yourself impacting and contributing to the Kowalski's Experience?

### Employment Experience

Employer		Phone Number
Street Address		City, State, Zip
Supervisor Name and Title		Your Position Title
Pay Start	Pay End	Reason for Resignation
Start Date	End Date	

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Supervisor Name and Title		Your Position Title
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### Educational Experience

Name of High School	Years Completed
City and State	
Course of Study/Degree	

Name of College/Vocational School	Years Completed
City and State	
Course of Study/Degree	

Additional Training Programs/Certificates/Achievements:

### Please Sign Below

The information provided in this application for employment is true, correct and complete. If you employ me any misstatement or omission of fact on this application may result in dismissal. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to employ me in the future.

Signature	Date
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If you would like to include a resume, please attach it to this page.

**An Equal Opportunity Employer**