

# WEST POINT MARKET

Would you like to work with us? To learn more about West Point Market, visit our website [www.westpointmarket.com](http://www.westpointmarket.com). For employment consideration, complete the form below and return it any of the following 3 ways

1. In person: Give the completed application to a cashier at the front of the store during normal business hours.
2. By mail: West Point Market, Attn: Employment, 1711 W. Market Street, Akron OH 44313
3. By e-mail: E-mail a saved copy of this document to [ask\\_us@westpointmarket.com](mailto:ask_us@westpointmarket.com) (subject "Job Application")

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the United States?      YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain.
Were you referred to us?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, name of referral.			

EDUCATION			
High School		City, State	
Year From	To	Did you graduate?      YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		City, State	
Year From	To	Did you graduate?      YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		City, State	
Year From	To	Did you graduate?      YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

POSITION INTEREST & AVAILABILITY			
Position Applying For			
Full-Time    YES <input type="checkbox"/> NO <input type="checkbox"/>	Part-Time    YES <input type="checkbox"/> NO <input type="checkbox"/>	Seasonal    YES <input type="checkbox"/> NO <input type="checkbox"/>	
Days / Hours of Availability			
Monday	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what hours?	
Tuesday	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what hours?	
Wednesday	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what hours?	
Thursday	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what hours?	
Friday	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what hours?	
Saturday	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what hours?	
Sunday	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what hours?	

This form is designed for use by persons applying for various types of positions. Please answer every question to the best of your ability. All information you provide will be confidential. If you do not understand this form, please feel free to ask for assistance at the store during normal business hours.  
**West Point Market, 1711 • W. Market Street • Akron, OH 44313 • 330.864.2151 • Fax 330.869.8666 • [www.westpointmarket.com](http://www.westpointmarket.com)**

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PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
Year From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
Year From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
Year From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	Year From                      To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

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REFERENCES	
<i>Please list two references other than past employers or relatives.</i>	
Full Name	Occupation
Address	Phone
Full Name	Occupation
Address	Phone

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS
1. Describe one of the best customer service experiences you have ever encountered.
2. Describe an incident where you experienced unacceptable service. How would you have handled it differently?
3. How did you choose West Point Market and why do you believe West Point would be a good employment fit for you?
4. What do you expect that a job at West Point Market would provide for you?

# WEST POINT MARKET

## OPTIONAL

What else might you share to help us understand your qualifications, motivation, or goals in applying for a job at West Point Market?

## DISCLAIMER AND SIGNATURE – PLEASE READ CAREFULLY

I certify that the information provided on this application (and any attachments or accompanying resume, if any) is true to the best of my knowledge. With my signature below, I also agree that falsifying information or significant omissions may disqualify me from further consideration for employment or will be considered justification for dismissal if discovered after hiring.

I understand that employment at West Point Market is "At Will", meaning that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the President or CEO of West Point Market has any authority to enter into any agreement contrary to the foregoing or make any oral or written assurance, promise, agreement or contract of continued employment.

I authorize persons, schools, employers or other organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be asked during West Point Market's consideration of this application for employment. This includes West Point Market's ability to review or obtain any public records or other information that West Point Market determines necessary in making an employment decision.

Signature

Date