



BACKGROUND DATA

This profile must be completed in full.

DO NOT ANSWER ANY QUESTIONS THAT THE LAW IN YOUR AREA DOES NOT ALLOW, OR ANY INFORMATION THAT MAY INDICATE RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, HANDICAP, OR VIETNAM-ERA VETERAN STATUS.

You will be required to submit and pass a background check. You may be required to take a drug test. You will be required to take a Personality Profile Test.

BASIC DATA

Date: _____

Name _____	
Present Address _____	How Long _____
Previous Address _____	How Long _____
Phone No _____	
Social Security Number _____	
Do you have relatives working for our company? _____	
Name(s) _____	
U.S. Citizen? Yes _____ No _____ If no, Type of Visa _____	
Have you ever been convicted of a crime? If yes, please explain and give dates	

Applicant Answer Below	
Position Desired: 1 st Choice _____	
2 nd Choice _____	

DRIVER INFORMATION

Do you have a driver's license? _____
Expiration Date _____
List traffic violations in last 5 years: _____
Have you ever been involved in an accident? _____
Give Details:

EDUCATIONAL SUMMARY

	Name and Location	From	To	Graduate Mo. Yr.	Degree	Major Subject	Minor Subject	Rank in Class	Grade Point Avg.
		Mo. Yr.	Mo. Yr.						
High School								Top 1/3 Middle 1/3 Bottom 1/3	
College									
Graduate School									
Technical, Business Or Other									

Scholastic Honors, scholarships, assistantships, etc.....

Met College Expenses:

Working.....% GI Bill.....% Scholarship.....% Parents.....% Other.....%

EMPLOYMENT HISTORY

List in order with LAST or CURRENT employer first. Use additional sheets if necessary.

From		To		Job Title	Monthly Earnings	
Mo.	Yr.	Mo.	Yr.	Supervisors Name & Title	Start	End
Company					Address	
Telephone						
Supervisors Email						
Description of Duties						
From		To		Job Title	Monthly Earnings	
Mo.	Yr.	Mo.	Yr.	Supervisors Name & Title	Start	End
Company					Address	
Telephone						
Supervisors Email						
Description of Duties						

From		To		Job Title	Monthly Earnings	
				Supervisors Name & Title	Start	End
Mo.	Yr.	Mo.	Yr.			
Company				Address	Reason for Leaving	
Telephone						
Supervisors Email						
Description of Duties						
From		To		Job Title	Monthly Earnings	
				Supervisors Name & Title	Start	End
Mo.	Yr.	Mo.	Yr.			
Company				Address	Reason for Leaving	
Telephone						
Supervisors Email						
Description of Duties						

Applicant Complete Following Questions:

May we contact previous Employers for reference? _____

May we contact your Present Employer for reference? _____

Explain here any period of unemployment longer than 30 days:

Which of your Jobs did you like best? _____

Why? _____

Which of your Jobs did you like least? _____

Why? _____

MILITARY RECORD

Branch of Service _____ Date Entered _____ Date Discharged _____

Rank at Induction _____ Rank at Discharge _____

Major Duties _____

Service Schools Attended: _____

ADDITIONAL INFORMATION

Present State of Health: Excellent Good Fair Poor

Have you any particular health worries that may affect your performance?

Any physical disabilities, defects, or handicaps that may affect job performance?

Date of last physical exam? _____

Are you willing to take a physical exam at our expense? _____

How many times in the past two years have you been unable to work or attend school because of physical illness? _____

What is the most serious illness you ever had? _____

When _____

Year & Make of Car? _____

Monthly Payments _____

Auto Liability Insurance amounts: Personal Injury _____ Property Damage _____

What Sources of income do you have other than your job? _____

What earnings would be satisfactory to you to start with? _____ Next year _____

After 5 Years _____

Availability

Please list the times you are able to work each day.

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.

Comments regarding availability:

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ANY OTHER COMMENTS YOU WOULD LIKE TO MAKE

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AFFIRMATION

I CERTIFY THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE THAT FALSIFICATION AND/OR OMISSION OF MATERIAL FACTS IN THIS APPLICATION MAY BE CAUSE FOR DISMISSAL OR DISQUALIFICATION. I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR INSTITUTION WITH WHOM I HAVE BEEN ASSOCIATED TO FURNISH METROPOLITAN DELI WITH ANY INFORMATION CONCERNING MY EMPLOYABILITY WHICH THEY HAVE ON RECORD, OR OTHERWISE, AND DO HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS CONCERNED THEREWITH FROM ALL LIABILITY WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION. AND, IF REQUIRED, I WILL SUBMIT TO A PHYSICAL EXAMINATION AT COMPANY EXPENSE. FURTHERMORE, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF OUR COMPANY AND UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR MYSELF.

SIGNATURE OF APPLICANT _____ DATE _____

**END OF PROFILE
THANK YOU FOR YOUR COOPERATION**