



H-E-B GROCERY CO.



EQUAL OPPORTUNITY EMPLOYER/DRUG FREE WORKPLACE HOURLY EMPLOYMENT APPLICATION

PERSONAL INFORMATION

ALL QUESTIONS MUST BE ANSWERED FOR APPLICATION TO BE CONSIDERED.
ANSWERS MUST BE WRITTEN IN INK. WRITE "N/A" WHERE APPROPRIATE.

Full Name: _____ Other names under which employed: _____

Last _____ First _____ Middle _____

Social Security #: _____

Current Address: _____ How long have you lived there? _____

Number _____ Street _____ City _____ State _____ Zip _____ Yrs. _____ Mos. _____

Previous Address: _____ How long did you live there? _____

Number _____ Street _____ City _____ State _____ Zip _____ Yrs. _____ Mos. _____

Home Phone: _____ Message Phone: _____

Are you at least 18 years old? Yes _____ No _____ If no, age: _____
(Applicants must be at least 16 years old to be considered for employment.)

Can you submit verification of your legal right to work in the U.S.? Yes _____ No _____

Have you ever been convicted or pled guilty, no contest or nolo contendere, or received deferred adjudication, pre-trial diversion or probation for either of the following: 1) any felony; or 2) in the past 7 years, any misdemeanor, other than a minor traffic violation? Yes _____ No _____

If yes, provide date(s) and details: _____

(*NOTE: A conviction will not necessarily disqualify an applicant from consideration for a particular job.)

Have you ever been employed by H-E-B or one of its affiliates? Yes _____ No _____

If yes, state position: _____

Location: _____ Dates Employed: _____

Have you made an application for employment with H-E-B or one of its affiliates within the last twelve-(12) months? Yes _____ No _____

If yes, "when" and "where": _____

Do you have relatives working for H-E-B? Yes _____ No _____

If yes, please list below. (This information is used to evaluate potential reporting relationships):

List name: _____ Relationship: _____ Location: _____

PLACEMENT INFORMATION

Position applying for: 1st choice _____

2nd choice _____

Location applying for: 1st choice _____

2nd choice _____

Minimum salary expected: \$ _____ per hour. When could you start? _____

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? Yes _____ No _____

Do you desire: (select one)

Full or Part-Time _____ Full-Time Only _____ Part-Time Only _____ Temporary _____ Summer _____

If hired, how long do you intend to work for H-E-B? (circle one)

0 – 6 mos. _____ 6 mos. – 1 yr. _____ 1 – 2 yrs. _____ 2 – 5 yrs. _____ 5 yrs.+ _____

To help us consider you for a position that best matches your availability, please indicate the Earliest Starting Time and the Latest Finishing Time you are available to work each day.

(*Please include A.M. and/or P.M.)

Day:	Earliest Starting Time:	Latest Finishing Time:
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

EDUCATION

Circle highest grade completed _____ School Name _____

Elementary _____ 5 _____ 6 _____ 7 _____ 8 _____

High School _____ 9 _____ 10 _____ 11 _____ 12 _____

College _____ 1 _____ 2 _____ 3 _____ 4 _____

Graduate School _____ 1 _____ 2 _____ 3 _____ 4 _____

GED: Yes _____ No _____

Technical/Specialized training: _____

Pharmacy Applicants Only: _____ Prior Disciplinary Orders? _____

Registration #: _____ Expiration Date _____ Yes _____ No _____

WORK HISTORY/EXPERIENCE – BEGIN WITH MOST RECENT OR PRESENT EMPLOYER

* Include all work history, U.S. Military Service, self-employment, temporary jobs and account for all gaps in employment. Attach additional pages if necessary. Write "N/A" where appropriate.

Company Name: _____	Phone: _____	Starting date: _____	Starting salary: \$ _____ per	Starting position: _____
Address: _____		Ending date: _____	Ending salary: \$ _____ per	Ending position: _____
Supervisor's Name: _____ May we contact? _____		Reason for Leaving: _____		

Company Name: _____	Phone: _____	Starting date: _____	Starting salary: \$ _____ per	Starting position: _____
Address: _____		Ending date: _____	Ending salary: \$ _____ per	Ending position: _____
Supervisor's Name: _____ May we contact? _____		Reason for Leaving: _____		

Company Name: _____	Phone: _____	Starting date: _____	Starting salary: \$ _____ per	Starting position: _____
Address: _____		Ending date: _____	Ending salary: \$ _____ per	Ending position: _____
Supervisor's Name: _____ May we contact? _____		Reason for Leaving: _____		

Company Name: _____	Phone: _____	Starting date: _____	Starting salary: \$ _____ per	Starting position: _____
Address: _____		Ending date: _____	Ending salary: \$ _____ per	Ending position: _____
Supervisor's Name: _____ May we contact? _____		Reason for Leaving: _____		

Have you ever been discharged or disciplined by an employer for theft; harassment; retaliation; discrimination; disruptive behavior; using and/or possessing a weapon on company premises? YES _____ NO _____
 If yes, provide date(s) and details: _____

<p>INDICATE SKILLS RELATED TO THE POSITION YOU ARE SEEKING:</p> <p>Typing: _____ wpm 10 Key: Touch _____ Sight _____</p> <p>Excel _____ Microsoft Word _____ PowerPoint _____ Access _____</p> <p>Other software/skills: _____</p>	<p>How were you referred to H-E-B?</p> <p>_____ H-E-B Partner _____ Temp. Agency _____ In-Store Sign/Flyer</p> <p>_____ H-E-B Jobline _____ Educational Institution _____ Other:</p> <p>_____ TWC _____ Newspaper Ad, (Which Paper?) _____</p>
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PERSONAL REFERENCES

LIST 2 PERSONAL REFERENCES OTHER THAN RELATIVES OR FORMER EMPLOYERS

Name: _____ Phone #: _____ Name: _____ Phone #: _____

AGREEMENT

I certify that the foregoing statements are true and correct to the best of my knowledge and belief and hereby grant H-E-B permission to verify such information. I understand that any misstatement, false statement, omission or incomplete response on this application or at any time during the selection process, including interviews, tests, etc., may be considered as sufficient reason for rejection of my application or for dismissal if discovered after my employment. I authorize any of the persons or organizations referenced in this application to give H-E-B any and all information concerning my previous employment, education, or criminal or credit background at anytime during my tenure of employment or any other information with regard to the subjects covered by this application, and I release all such parties from all liability from any damages or claims that may result from furnishing such information to H-E-B. I further agree and understand that a criminal background check may be conducted before and/or after I am hired. I understand and agree that while a conviction will not necessarily disqualify me from employment, the existence of a criminal background or the failure to provide complete or accurate information relating to the criminal background question may result in the rejection of my application or if hired, in the separation of my employment with H-E-B. I also understand that the position for which I am applying may require a substance abuse screen. If I am employed, I agree to abide by and comply with all rules of the Company. I further understand and agree that I, like H-E-B, can terminate my employment at any time with or without cause or notice and this agreement cannot be altered or modified.

AGREEMENT TO ARBITRATE

H-E-B AND I HEREBY AGREE TO SUBMIT ANY CONTROVERSY OR CLAIM ARISING OUT OF OR RELATING TO MY HIRING, EMPLOYMENT, BENEFITS, AND/OR SEPARATION OF EMPLOYMENT OR ANY OCCUPATIONAL OR ON-THE-JOB INJURY/ILLNESS TO, AND RESOLVED EXCLUSIVELY BY, FINAL AND BINDING ARBITRATION UNDER THE FEDERAL ARBITRATION ACT TO BE ADMINISTERED BY THE AMERICAN ARBITRATION ASSOCIATION (AAA) OR OTHER MUTUALLY AGREED TO ARBITRATOR, PURSUANT TO THE AAA'S NATIONAL RULES FOR THE RESOLUTION OF EMPLOYMENT DISPUTES. THE STANDARD OF REVIEW TO BE APPLIED TO THE ARBITRATOR'S FINDINGS OF FACT AND CONCLUSIONS OF LAW WILL BE THE SAME AS THAT APPLIED BY AN APPELLATE COURT REVIEWING A DECISION RESULTING FROM A BENCH TRIAL.

Date: _____ Signature: _____

