



Date: _____

Application For Employment

Demoulas Super Markets, Inc. is an Equal Opportunity Employer. All applicants will receive consideration on their qualifications, and without regard to Age, Race, Color, National Origin, Religion, Marital Status, Handicap or Disability, Sex, Sexual Orientation, Gender, Gender Identity, Gender Expression, Military or Veterans' Status.

Last Name: _____ First Name: _____

Town Or City: _____ State: _____ Zip _____

Telephone Number (Include Area code)

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Were you ever employed by us, or have you frequently applied to our company? YES NO If yes, where and when?

If you are under 18 years of age, you must obtain a work permit in accordance with the state in which you work. **Are you under 18 years of age?** YES NO If you are **under** the age of 18, please enter your age:
Age: _____

Are you legally able to be employed in the United States? YES NO

Please check all shifts that you are available to work: Days Nights Weekends

Total number of hours you are available per week: _____

Primary Department of Interest: Checkout Grocery Meat Produce
We cannot guarantee the availability of positions in a specific department. Deli/Kitchen Dairy/Frozen Bakery Any
 Other: _____

Education:

Last School attended: _____ Location: _____

Last Grade Completed: _____ Course of Study: _____

Previous Employment:

Company: _____ Location: _____

Position: _____ Supervisor: _____

Starting Date: ____ / ____ / ____ Ending Date: ____ / ____ / ____ Wages: _____

Reason For Leaving: _____

The distribution or receiving of this application by our company does not imply an agreement or contract to employ the applicant. The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications. If you are offered and accept a position, you will be required to complete a **Demoulas Super Markets, Inc. Employment Processing Form**.

Manager: If this Applicant is hired, please attach this Employment Application to the designated location on the Employment Processing Form.