

APPLICATION FOR EMPLOYMENT

For The Position Of _____ Date _____

To be considered an applicant for employment with Summerwood Partners or Family Markets, LLC, you must:

- Complete this Application in its entirety. Summerwood Partners & Family Markets, LLC does not consider incomplete applications, or applications on other than this form.
Completion of this Application does not indicate that any position is open or promised.
- Attend all scheduled interviews and cooperate fully with all reasonable employment requests of Summerwood Partners & Family Markets, LLC.

Your application will remain active and receive consideration for only 30 days from the date of application and only for the position for which you have applied. To receive consideration after the 90 day period or for another position, an applicant must properly complete and file another application form. Occasionally, the space provided in the application may make it difficult to adequately complete an answer. Therefore, please feel free to use any available page or space to continue or add any information that is necessary or to write out any questions you have.

Please Fill Out Clearly - Personal Information

Date Of Birth _____

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Social Security Number _____

Are you 18 years of age or over? Yes No

Are you 21 years of age or over? Yes No

Are you currently employed? Yes No

Are you on lay-off subject to recall? Yes No

May we contact your employer? Yes No

Earliest date you will be available for work? _____

If hired, do you have a reliable means of transportation to work? Yes No

Will you work overtime if asked? Yes No

Have you ever worked for or applied for employment with Summerwood Partners or Family Market, if yes when? Yes No ➡ When _____

Have you been convicted of or pleaded guilty to a felony within the past 7 years? Yes No Where _____

(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain. _____

Summerwood Partners & Family Markets, LLC prohibits discrimination in hiring and employment on the basis of race, creed, color, sex, age, national origin, disability, religion, veteran status or other characteristic protected by applicable law.

This application is the property of Summerwood Partners & Family Markets, LLC and is not to be copied.

We Test All Applicants For Illegal Drug Use.

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This organization participate in E-verify. Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Previous Address _____

How long have you lived at current address? _____ How long did you live at previous address? _____

Have you ever been bonded? _____ If "Yes" with which employer? _____

Have you ever refused bonding? Yes No

If "Yes" please explain _____

Please state name(s) of all family member(s) and or friend(s) that currently work for us, including spouse.¹

In case of emergency, notify: _____

Education & Training

Name & Location of School	Course Of Study	No Of Years Completed?	Graduate? When?	Degree or Diploma
College				
Business, Trade or Technical				
High School				

Please list any other experience, skills or qualifications you may have for the job for which you are applying:

Have you ever been discharged or asked to resign from any employment? Yes No

If yes, please identify the employer(s) and the reason(s) for each discharge/resignation:

If you used another name while working for any employer, please state the name(s) used, the reason for using the name(s) and the employer(s) for whom you worked while using the name(s):

Have you ever been denied unemployment benefits? Yes No

If yes, please identify the employer(s) and the reason(s) for ach denial:

¹Application information regarding relatives who may be working for us is neither intended nor used as a preference for employment purposes.

APPLICATION CONT.

NOTE: Start with your present employer or last job. Include all employers (full-time, part-time temporary, etc.) for the past 5 years. Do not omit any employer.

1. Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)	Hourly Rate/Salary	
Job Title Supervisor	Starting Final	
Reason for Leaving		

2. Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)	Hourly Rate/Salary	
Job Title Supervisor	Starting Final	
Reason for Leaving		

3. Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)	Hourly Rate/Salary	
Job Title Supervisor	Starting Final	
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

Other special training or skills: _____

References

Please list any additional references (personal or business) you may wish us to contact:

 Name & Occupation Address Phone

 Name & Occupation Address Phone

 Name & Occupation Address Phone

APPLICATION CONT.

Employment Reference Consent & Release

Applicant Name _____ Social Security Number _____

I, _____, hereby give consent to any and all prior employers of mine, or my current employer, to provide the information below with regard to my employment with the prior or current employers to Summerwood Partners & Family Markets, LLC. This consent is valid for a period of six(6) months from the date indicated below.

Applicants Signature _____ Date _____

Instructions to Current/Former Employer

The individual named above has applied for employment with Summerwood Partners or Family Markets, LLC. Please respond candidly to the requests for information listed below and return your written responses via either fax or US mail. This consent and release is intended to comply with Arkansas Act 1474 of 1999, an Act to provide current and former business employers with protection from providing job information about current or former employees to prospective employers.

Please Return The Information To:

Yvonne Hendrix, Director of Human Resources
Summerwood Partners/Family Markets, LLC
1511 N Reynolds Rd, Bryant, AR 72022
501.847.9383 Fax

Date and duration of employment: _____

Current or last rate of pay and wage: _____

Current or last job description and duties: _____

The details of the applicants last written performance evaluation prepared prior to the date the Applicant signed this consent: _____

Attendance history (excluding any qualifying leave under FMLA): _____

Results of drug and or alcohol tests administered within the last year: _____

Details of any threats of violence, harassing acts or threatening behavior related in any way to the workplace or directed at another employee: _____

Was his/her separation from employment voluntary or involuntary? _____

What was the reason for the applicant's separation from employment? _____

Is the applicant eligible for rehire? _____

Printed Name & Signature of Representative Providing Information Date

APPLICATION CONT.

Fair Credit Reporting Act

Consumer Disclosure And General Authorization

In connection with the review of my application for employment or continued employment with Summerwood Partners or Family Markets, LLC (the "Company"), I understand that the "consumer report" about me, as that term is defined in the federal Fair Credit Reporting Act, as amended, 15 U.S.C. § 1681 *et. seq.* ("FCRA"), may be requested by the Company from a consumer reporting agency ("CRA"). I understand that the consumer report may be used to evaluate my eligibility for hire or continued employment. I further understand that a CRA must have my written consent before providing the Company with a "consumer report" about me. In general, I understand the report(s) may include, without limitation, information concerning my creditworthiness, credit standing, character, general reputation, personal characteristics and or mode of living.

In order to allow the Company to obtain such reports, I give my voluntary consent for a CRA to release such reports to the Company, now or at any time while I am being considered for employment by the Company or while I am employed by the Company. My signature below indicates my consent. I understand that giving my consent does not require the Company to hire me nor does it create any sort of contract, obligation or duty between the Company and me.

Applicant/Employee Signature

Date of Signature

Full Name Printed

Social Security Number

APPLICATION CONT.

Please Read Carefully Before Signing

- _____
(initials) 1. Warning: I understand that false or misleading information given on this application and/or attachments hereto, or the omission of a material fact thereon, or otherwise during the application process, will result in my not being considered for employment or, if discovered that I have been hired, termination of employment.
- _____
(initials) 2. I certify that answers given in this application are true and complete.
- _____
(initials) 3. I authorize investigation of all statement contained in this application as Summerwood Partners or Family Markets, LLC may deem necessary to arrive at an employment decision and I release employers and other persons named herein from all liability for any damages on account of furnishing such information.
- _____
(initials) 4. In the event of employment, I understand and agree that my employment with Summerwood Partners or Family Markets, LLC will be "at will", which means that I may resign at any time and Summerwood Partners or Family Markets, LLC may discharge me at any time, with or without cause, and that my position, duties, wages, hours, benefits and other terms and conditions of employment may be changed, modified or terminated at any time in the sole discretion of Summerwood Partners or Family Markets, LLC. I understand that, in the event of employment, my status as an "at will" employee cannot be changed by any written document, conduct, statement or oral agreement unless such change is specifically acknowledged in writing and signed by the President or Secretary of Summerwood Partners or Family Markets, LLC.
- _____
(initials) 5. I understand that failure timely and property to complete and submit this application and any attachments will result in my not being considered for employment. If employed, I agree to cooperate fully in any job-related employment investigation, examination, or test that are not prohibited by applicable law. i certify that i am a genuine applicant for employment and that this application is being submitted solely for the purpose of obtaining employment with Summerwood Partners or Family Markets, LLC.
- _____
(initials) 6. I understand that, as an applicant for a position with Summerwood Partners or Family Markets, LLC, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job for which I am applying. I understand that any job offer I receive may be conditioned upon the results of a physical examination and or drug/alcohol test and I hereby consent to and give my authorization for such test. I further agree that such tests as selected by Summerwood Partners or Family Markets, LLC shall be performed by such entities or physicians as Summerwood Partners or Family Markets, LLC deems appropriate. I release, reimburse, hold harmless, and agree to indemnify Summerwood Partners or Family Markets, LLC and the testing physicians/entities from all liability resulting directly or indirectly from such testing.
- _____
(initials) 7. I understand Summerwood Partners or Family Markets, LLC strives to maintain "a drug free workplace." If employed, I agree to comply with Summerwood Partners or Family Markets, LLC's substance abuse policy. I understand that Summerwood Partners or Family Markets, LLC will test for drugs and alcohol in accordance with its policy and applicable law. If employed, I understand that failure or refusal to cooperate or comply with a legal request for a drug or alcohol screen will result in immediate termination. If employed, I promise not to engage in the current illegal use of drugs.
- _____
(initials) 8. I agree that, if employed by Summerwood Partners or Family Markets, LLC, I will learn, conform to and abide by the current and future rules, regulations, policies, guidelines and procedures of Summerwood Partners or Family Markets, LLC and that my position, duties, wages, hours, benefits and other terms and conditions of employment may be changed, modified or terminated at any time in the sole discretion of Summerwood Partners or Family Markets LLC.
- _____
(initials) 9. If employed, I understand I may be held fully responsible and liable for any shortage, loss, disappearance, damage, or destruction of any property entrusted or delivered to me, or purchased by me, or in my use, possession or control during, related to, arising out of, or associated with my employment with Summerwood Partners or Family Markets, LLC provided, such reimbursement or payment may not reduce my pay below applicable minimum wage for any pay period.

Applicant/Employee Signature

Date of Signature