



Rev. 8/02

Operating Company Name: _____

All Ahold USA Companies strive to employ the best qualified people, to provide equal opportunities for the advancement of all associates, including promotion and training, and to administer these activities in a manner which will not discriminate against any person because of race, color, religion, sex, age, national origin, marital status, disability, sexual orientation, genetic information, gender identity, or any other characteristic protected by law.

Date: _____

EMPLOYMENT APPLICATION

BASIC INFORMATION (Print in Ink)

Social Security Number _____

Full Name (First, Middle Initial, Last) _____

Address _____ City _____ State _____ Zip _____

Home Phone with Area Code _____ E-mail Address _____

If you previously have been known by any other name(s) under which records may be kept, please list _____

Are you currently authorized to work in the United States? Yes No

Do you or will you in the future require sponsorship for a work visa? Yes No

Note: All applicants hired by Ahold USA will be required to present documentation that verifies identity and authorization to work in the United States in accordance with the Immigration Reform and Control Act of 1986.

Are you under 18 years of age? Yes No If yes, can you furnish a work permit if required? Yes No

Were you ever employed by any other company owned by Ahold USA Yes No If yes, date(s) employed: _____

Location(s): _____

Have you ever filed an application for employment at this company before? Yes No If yes, date _____

Do you have friends/relatives employed by this company? Yes No

If yes, please indicate names/locations: _____

How did you learn of this opportunity? Advertisement TV Internet Job fair
(Choose only one) Company Associate Radio In-store sign Other

TYPE OF POSITION SOUGHT

Position(s) desired or area(s) of interest: 1. _____ 2. _____ When can you start? Date: _____	Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Hours available: <input type="checkbox"/> Any Time/Any Day																																	
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EDUCATION INFORMATION

Do you have a high school diploma or equivalent? Yes No Highest Grade Completed: _____

High School Name: _____ City/State: _____

Additional Education 1: _____ City/State: _____ Degree/Major: _____

Additional Education 2: _____ City/State: _____ Degree/Major: _____

Additional Education 3: _____ City/State: _____ Degree/Major: _____

PREVIOUS EMPLOYMENT INFORMATION

Please begin with most recent employer. Give all information requested below, even if duplicated on your resume. If your earnings on previous jobs were on a commission or other basis, estimate them on a weekly basis. You may include any verified work performed on a volunteer basis.

Previous Employer 1: Company Name _____ Address _____ Employed From _____ To _____ Supervisor's Name _____	Telephone Number: () _____ Position Held _____ Last Wage: _____ Reason for Leaving _____
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PREVIOUS EMPLOYMENT INFORMATION - Continued

Previous Employer 2: Company Name _____ Address _____ Employed From _____ To _____ Supervisor's Name _____	Telephone Number: () _____ Position Held _____ Last Wage: _____ Reason for Leaving _____
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Previous Employer 3: Company Name _____ Address _____ Employed From _____ To _____ Supervisor's Name _____	Telephone Number: () _____ Position Held _____ Last Wage: _____ Reason for Leaving _____
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PHARMACISTS ONLY SECTION

Are you a registered Pharmacist? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list states and license numbers: _____ _____ _____	Have you ever appeared before any pharmacy board for violation of any pharmacy codes? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you, or any pharmacy that you have been associated with, ever been sanctioned by a State Medicaid, Federal Medicare Program, or any other government Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ Have all required continuing education credits been fulfilled? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____
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PERSONAL REFERENCES INFORMATION

Please provide the names of three persons not related to you whom we may contact for work references. Ahold USA reserves the right to contact other individuals for references as well.

Reference 1: _____ Telephone with Area Code: _____
 Association: _____ Years Known: _____

Reference 2: _____ Telephone with Area Code: _____
 Association: _____ Years Known: _____

Reference 3: _____ Telephone with Area Code: _____
 Association: _____ Years Known: _____

BACKGROUND INFORMATION

Please answer the following questions.

Note: In **Connecticut**, you are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a. The criminal records subject to erasure pursuant to these statutes are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolleed, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. In addition, any person whose criminal records have been erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

Note: You may answer "No" if any of the following circumstances are applicable:

1. You have a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace; or, in **Pennsylvania**, you have been convicted of a summary offense.
2. You have felony or misdemeanor convictions which have been annulled, expunged, or sealed by a court.
3. You have juvenile delinquency or child in need of service complaints which were not transferred to Superior Court for prosecution or which were expunged.

Answering "Yes" will not automatically result in disqualification.

1. Have you ever been convicted of a felony? **Yes** **No** If yes, list all and explain: _____
2. Have you been convicted of a criminal offense within the last five (5) years? **Yes** **No** If yes, list all and explain: _____
3. Have you been convicted of a criminal offense for which your period of incarceration ended within the past five (5) years? **Yes** **No** If yes, list all and explain: _____

Falsification of any portion of this application will result in disqualification and/or termination if hired. Please initial: _____

If offer of employment is conditional upon the results of a drug screening test, are you willing to take one? Yes No

If offer of employment is conditional upon the results of a post-offer physical and/or a functional job capacity test, are you willing to take one? Yes No

Have you ever been refused an employment bond? Yes No

Have you ever held a job before? Yes No

Have you ever been discharged or asked to resign by an employer? Yes No If yes, please explain: _____

SPECIAL NOTICES, STATEMENTS AND SIGNATURE

Those applicants seeking employment in the State of Maryland must respond to the following statement:

Maryland Polygraph Statement:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

I acknowledge receipt of the Maryland Polygraph statement: Yes No

Massachusetts Polygraph Statement: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Employment Application Statement:

I certify that the statements made on this application are true and complete and I further agree that such statements may be investigated to verify accuracy. I further understand that any misleading or incorrect information, misrepresentation, or omission of facts may render this application void or may be cause for immediate dismissal whenever discovered.

I understand that any offer of employment may be conditional on the results of a physical examination and/or functional job capacity test and/or drug and/or alcohol screening test by a physician and/or laboratory designated by Ahold USA. Furthermore, any job offer also will be contingent upon satisfactory references. In accordance with applicable state and federal laws, Ahold USA reserves the right to engage outside services to conduct background checks on applicants for employment. This statement has been included in my application for employment to inform me in this regard. I acknowledge that I have been advised that I have a right to request in writing information concerning the nature and scope of any such investigation. I agree to cooperate in such an investigation and I hereby release from liability all persons, firms, schools, organizations and/or corporations furnishing references or other information concerning me. I also release Ahold USA, its affiliated companies, associates, and agents from any liability which might result from requesting such information.

The acceptance of this application does not necessarily indicate that there are positions open at present. I also recognize that Ahold USA policies, rules, benefit plans, and procedures may be modified or amended at any time at the discretion of Ahold USA.

If employed, I agree to conform to the rules and regulations of Ahold USA and understand that my employment and compensation can be terminated with or without cause at any time at the option of Ahold USA or myself. I understand that no representative of Ahold USA other than the authorized officers have any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. Any such agreement made by an authorized officer must be in writing.

I further understand that if and while I am employed in a position covered by a collective bargaining agreement between Ahold USA and a collective bargaining representative, the terms and conditions of my employment shall be subject to such collective bargaining agreement to the extent they differ from any provisions of this application.

I acknowledge that I have read and understood all of the provisions of this application: Yes No

Applicant's Signature: _____ Date: _____