



**APPLICATION FOR EMPLOYMENT**

ALDI Inc. is an equal opportunity employer and does not discriminate against any individual in any phase of employment in accordance with the requirements of local, state and federal law. ALDI Inc. also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. Please advise ALDI if you require an accommodation in the application process.

**PERSONAL**

Please print all information except your signature. Date: \_\_\_\_\_

Name \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 LAST FIRST M.I.

Present Address \_\_\_\_\_  
 NO. STREET CITY STATE ZIP

Previous Address \_\_\_\_\_  
 NO. STREET CITY STATE ZIP

Positions applied for \_\_\_\_\_  
 Indicate hours and days of availability.  
 (Unavailability should be limited to reasons other than religious observances and practices or military training.)

Rate of pay expected \$ \_\_\_\_\_ per hr.  
 Monday \_\_\_\_\_ Friday \_\_\_\_\_  
 Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_  
 Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_  
 Thursday \_\_\_\_\_ No preference \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

How were you referred to ALDI for employment?

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

- Advertisement  Friend  
 Current Employee  Other

If you are hired, will you have reliable transportation to ALDI's place of work? \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_  
 (You will be required upon employment to submit verification of your legal right to work in the United States.)

Have you ever been discharged or have you resigned from a job because your employer indicated that it believed you were involved in workplace incident(s) relating to violence, threats of violence, possession of weapons, suspected theft, repeated harassment of employees, customers or vendors, lewd behavior, possession of alcohol or illegal drugs, or being under the influence of alcohol or illegal drug usage at its workplace?  Yes  No

If so, please explain \_\_\_\_\_

Use the space below to summarize any additional experiences or skills that help qualify you for the position for which you are applying. You may exclude any activities that reflect personal characteristics protected by law (e.g., religion, race, disability, etc.)

**EDUCATION**

NAME OF SCHOOL AND CITY	GRADUATED		YEARS COMPLETED	MAJOR	GRADE POINT AVERAGE
	YES	NO			
HIGH SCHOOL				X	
COLLEGE					
GED OR OTHER					
HOBBIES; INTERESTS					

## EMPLOYMENT

LIST YOUR LAST FOUR WORK EXPERIENCES BEGINNING WITH YOUR MOST RECENT

NAME OF EMPLOYER	EMPLOYMENT DATES		DESCRIBE DUTIES PERFORMED	REASON FOR LEAVING
	FROM (MM/YY)	TO (MM/YY)		
ADDRESS				<input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <input type="checkbox"/> Resignation Explain: _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY & STATE	RATE OF PAY	RATE OF PAY		
PHONE NUMBER				
TYPE OF BUSINESS	POSITION	POSITION		
NAME OF SUPERVISOR				
ADDRESS				<input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <input type="checkbox"/> Resignation Explain: _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY & STATE	RATE OF PAY	RATE OF PAY		
PHONE NUMBER				
TYPE OF BUSINESS	POSITION	POSITION		
NAME OF SUPERVISOR				
ADDRESS				<input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <input type="checkbox"/> Resignation Explain: _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY & STATE	RATE OF PAY	RATE OF PAY		
PHONE NUMBER				
TYPE OF BUSINESS	POSITION	POSITION		
NAME OF SUPERVISOR				
ADDRESS				<input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <input type="checkbox"/> Resignation Explain: _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY & STATE	RATE OF PAY	RATE OF PAY		
PHONE NUMBER				
TYPE OF BUSINESS	POSITION	POSITION		
NAME OF SUPERVISOR				

The information contained in this application is true and complete to the best of my knowledge and belief. I understand that any false or inaccurate information or misrepresentation of fact or omission of information requested, as stated or implied, given in my application, interview(s), or any other employment form, may be sufficient reason not to hire me and may be reason for dismissal. I understand that I will be required to pass a pre-employment drug screen, and if hired, I will be subject to ALDI's drug and alcohol testing policy during my employment.

I understand and agree that all information furnished in this application may be verified by ALDI Inc. or its authorized representative. I waive any right I may have to notice from any individuals and organizations named or referred to in this application prior to the release of any employment or education information to ALDI Inc. I hereby authorize all individuals and organizations named or referred to in this application to give ALDI Inc. all information relative to such verification and hereby release such individuals, organizations and ALDI Inc. from any and all liability for any claim or damage resulting therefrom.

I understand that, if hired, I will be required to provide documentation of both my identity and employment eligibility in the United States in accordance with the Immigration Reform and Control Act of 1986.

I understand that, if hired, my employment will be subject to various guidelines, rules and regulations of ALDI Inc. as stated in the employee handbook, any policy and procedure manual or other communications to employees. I further understand that ALDI Inc.'s policies and procedures are subject to modification without notice.

**Rhode Island applicants please note:** Pursuant to Rhode Island Statute §28-29-6.2, Hub states that it is subject to the worker's compensation provisions of Rhode Island Law.

**Maryland applicants please note:** 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Massachusetts applicants, please note:** "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."

I understand that ALDI Inc. is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement, is intended to create any contract of employment or to create any rights in the nature of a contract of employment either express or implied. This application does not bind either party for a specific period of time regarding employment. I understand that no one other than the President of ALDI Inc. has any authority to enter into any agreement contrary to the foregoing. If hired, nothing in this application shall restrict my right as an employee or the right of ALDI Inc. as an employer to terminate my employment at any time, with or without notice and with or without cause.

I hereby acknowledge that I have read and understand the above statement.

Signature of Applicant  
01/16

Date