



Date Received by
HR Department:

Application Form (Check List)

Thank you for showing an interest in Foster's Food Fair.

In order to process your application more efficiently, we ask that the following information be provided along with your application form. **Incomplete applications will not be accepted.**

- **Complete all applicable spaces, including:**
 - A daytime phone number and/or email address.
 - Your present street name and a P. O. Box Number
 - Employment history for the last three consecutive employers
 - Make sure your application is signed and dated

- **Please attach 3 business references wherever possible.**

- **Please complete the box that applies to you:**

Are you Caymanian or a Caymanian Status Holder?	Attached please tick box
Copy of your valid passport	<input type="checkbox"/>
Copy of your birth certificate / your Caymanian status certificate	<input type="checkbox"/>
An original police clearance certificate issued within the last 3 months	<input type="checkbox"/>

Are you married to a Caymanian? Does your spouse have Caymanian Status?	Attached please tick box
Copy of your valid passport	<input type="checkbox"/>
Copy of your marriage certificate	<input type="checkbox"/>
Copy of your spouse's birth certificate / Caymanian status certificate	<input type="checkbox"/>
An original police clearance certificate issued within the last 3 months	<input type="checkbox"/>

All other applicants.	Attached please tick box
Copy of your valid passport	<input type="checkbox"/>
An original police clearance certificate issued within the last 3 months	<input type="checkbox"/>

**Please be advised that applications will only be kept on file for three months from the date received.
Only suitable applicant's will be contacted for interviews**



FOSTER'S FOOD FAIR

We Care We Care We Care We Care

SUPERMARKETS



Application for Employment

- AIRPORT
 STRAND
 REPUBLIX
 FDC
 PRICED RIGHT
 MORRITT
 COUNTRYSIDE
 FORT STREET

PERSONAL INFORMATION

Date: _____
Month Day Year

Male Female

Name: _____
Last First Name Middle Initial (Maiden Name)

Present Address: _____ Phone No: _____
P. O. Box No. District Home / Cell No. Work Phone No.

Email Address: _____ Date of Birth: _____
Month Day Year

Marital Status: Married
 Single
 Divorced
 Separated
 Widowed

Nationality: _____
If not Caymanian do you have status? Yes No Are you married to a Caymanian? Yes No
 Are you a permanent Resident? Yes No Are you married to a Permanent Resident? Yes No

Do you have a valid Driver's License? Yes No If Yes, Number: _____ Expiration Date: _____

Do you have your own transport? Yes No

In case of emergency, local contact		
Name:	Relationship:	Phone No.:

EMPLOYMENT DESIRED

Store Location Desired: _____ Position Desired: _____

Date you can start work: _____ Salary Desired: _____
Month Day Year

Are you employed now? Yes No If Yes, Name of present employer: _____

Ever applied to this Company before? Yes No If Yes, Where: _____ When: _____
Month Day Year

Ever been employed by this Company before? Yes No If Yes, Where: _____ When: _____
Month Day Year

Supervisor's Name: _____

Are you willing to work weekends, evenings and public holidays? Yes No

EDUCATION

	State last level Completed	Did you graduate?	What year?
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (College / University)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Please write in 25 words or more, why you would like to work at Foster's Food Fair, and why you think you would make a good employee? _____

FORMER EMPLOYERS: List below your last three employers, starting with the most recent one first.

Date, Month and Year	Name and Address of Employer	Phone	Salary	Reason for Leaving
From:				
To:				
Name of Supervisor/Manager:				
Position:		Duties:		
Date, Month and Year	Name and Address of Employer	Phone	Salary	Reason for Leaving
From:				
To:				
Name of Supervisor/Manager:				
Position:		Duties:		
Date, Month and Year	Name and Address of Employer	Phone	Salary	Reason for Leaving
From:				
To:				
Name of Supervisor/Manager:				
Position:		Duties:		

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year:

Name	Address	Phone	Business	Years Acquainted

PHYSICAL RECORD:

Have you had any medical conditions in the past that have limited you to perform your job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any physical condition which may limit your ability to perform the job applied for now or in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please describe:			
Have you ever been convicted of any <u>criminal offence or drug related charges</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If yes, explain:</u>	Would you be prepared to take a random "drug test"? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Referred by: _____ State name and department of any relatives already employed by this Company: _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for immediate dismissal or disposal of application.

Date: _____ Signature: _____

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