Graceway Supermarkets

Graceway Plaza, Leeward Highway Providenciales, Turks & Caicos

Islands Tel: 649-941-5000: Fax: 649-941-5001

Email: hr@gracewaysupermarkets.com Website: www.gracewaysupermarkets.com



Employment Application

				GENERAL/PE	ERSC	DNALIN	FORMAT	ION				
Last Name:			First Name					M.I.				
Address												
Phone				E-mail Address								
Date of Birth				Place of Birth				Single			Married	
National Insura No. (NIS)	isurance		National Health Insurance No. (NHIP)		Driver's License No.		ense No.			
Position Applie	osition Applied for		Employment Full Ti		ime Only	Part-Time Only		Only	Full-time or Part-time			
Are	e you a TC	CI Belonger		Check the box below which describes the Immigration Document you possess							you possess	
YES NO		Status Card		PRC		Resident Permit	١		alization/	Freelance Work Permit		
When are you	available	to begin w	ork?					Desired Pay/Salary		ıy/Salary	\$	
Have you filed an application with us before?				YES	NC	O If yes, When?						
Have you ever worked with Graceway?				YES	NC)	If yes, which Department?					
Have you ever worked in Retail?			YES	NC)	If yes, Where?						
Are you currently Employed			YES	NC)	If yes, Where?						
May we contact your current employer?			YES	NC)	If yes, who and phone						
Have you ever been convicted of a felony or mix				sdemeanor, other than traffic violations?			YES			NO		
If yes, explain type(s) of reha			s), nature of	offence(s) lead	ding	convictio	n(s), how	recently su	ich offe	nce w	as were cor	nmitted and
Saturday		YES NO				Can you travel if position requires						
Can you work weekends? Sunday		YES NO				YES NO						
If you were recommended by a Graceway staff member, please state their name												
Do you have a relative who has worked or is cu				rrently employed by Graceway?				Y	'ES		NO	
If yes, please p	provide no	ame/relatio	nship									
Do you have any medical restrictions that may in that may interfere with your work schedule?				erfere with your ability to work effectively or				Y	ES		NO	
If yes, please o									1			1
Do you have a Bank account?			If yes, please name Bank									
	ccount is re	equired for po	ayment of wag	jes/salary by d	lirect	deposit o	f payroll.	Successful co	andidate	es are	required to op	oen a Bank Account
in his or her nam						•	-					

		EMPLOYMENT RECORD							
Company		Name of last Supervisor							
Address									
Job Title		Pay/Salary \$ Employment Dates							
Duties Per	rformed								
Reason for	Leaving								
May we contact your previous supervisor for a reference? YES NO Contact #									
Company		Name of last Supervisor							
Address									
Job Title		Pay/Salary\$ Employment Dates							
Duties Pe	Performed Performed								
Reason fo	son for Leaving								
May we contact your provious supervisor for a reference? YES NO Contact #									
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May we co	oniaci you	r previous supervisor for a reference? Contact #							
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Company	bilidel you	Contact #							
	onider you	Contact #							
Company	omaci you	Contact #							
Company Address		Contact #							
Company Address Job Title	ormed	Contact #							
Company Address Job Title Duties Perf	Formed r Leaving	Name of last Supervisor							
Company Address Job Title Duties Perf	Formed r Leaving	Name of last Supervisor Pay/Salary\$ Employment Dates							
Company Address Job Title Duties Perf	Formed r Leaving	Name of last Supervisor Pay/Salary\$ Employment Dates Pay r previous supervisor for a reference? YES NO Contact #							
Company Address Job Title Duties Perf Reason for May we co	ormed r Leaving	Name of last Supervisor							
Company Address Job Title Duties Perf Reason for May we co	ontact you	Name of last Supervisor							
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Company Address Job Title Duties Perf Reason for May we co	ontact you vo referen e: y:	Name of last Supervisor							
Company Address Job Title Duties Perf Reason for May we co	Formed T Leaving Ontact you wo referen e: y: e:	Name of last Supervisor							

EDUCATION

Please list your educ	ation backgroun	nd clearly indication	ng school/institutio	n, years attendin	g, address and deg	gree or diploma	obtained.
Begin with the most i	recent.	•		•	-		

Name of S	School			Ac	ldress			
From		То	Did you grad YES NO		Diploma:			
Name of S	School			Ac	ldress			
From		То	Did you grad YES NO	- 11	Diploma:			
Name of S	School			Ac	ldress			
From		То	Did you grad YES NO	- 11	Diploma:			
Did you stu	udy a special subject c	r have special training in an	area?	YES	NO	If Yes, please		
Are you flu	uent or conversant in a	ny other languages (other the	an English)?	YES	NO	If Yes, please		
Non-discrimination Policy Graceway Trading Ltd dba, IGA Supermarket, Graceway GT, Graceway Gourmet and Smart is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. Applicant's authorization and signature: I certify that I have read the non-discrimination clause above and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize Graceway Trading Ltd and /or its agents to verify any of this information including, but not limited to criminal history. I authorize all persons, schools, companies and law								
enforceme	enforcement authorities to issue any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever to issuing this information.							
Applicant's Signature						Oate		
You are r	required to provide	<u> </u>						
Proof Pictur Natio	of Citizenship/Impeliation on all Insurance of Card							
You may also be asked to provide a Police Record and TWO (2) References from your most recent employers in order to be considered for employment.								
Thank you for completing this application and for your interest in Graceway. Please note that you will only be contacted if your application is being considered.								
For Official Use Only								
Received By	y:			Date:				