



Vons • Randalls • Tom Thumb • Genuardi's Pavilions • Dominick's • Carrs/Safeway

# APPLICATION FOR EMPLOYMENT

(California Applicants ONLY)

To learn more & join the Safeway team visit Safeway.com

## AN EQUAL OPPORTUNITY EMPLOYER

The Safeway policy is to provide employment, training, compensation, promotion and other conditions of employment without regard to race, color, religion, sexual orientation, national origin, sex, age, disability, veteran status, medical condition, marital status or any other legally protected status. Applicants must reapply at least once every two months to remain under consideration for employment.

## PERSONAL INFORMATION

NAME \_\_\_\_\_ TEL. NO. ( ) \_\_\_\_\_  
First Middle Initial Last

OTHER NAMES USED FOR EMPLOYMENT OR EDUCATION (if any) \_\_\_\_\_

ADDRESS \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
Street/Apt. # City State ZIP County

FOR WHAT POSITION(S) ARE YOU APPLYING? \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ EITHER

PREFERRED FACILITY/STORE? \_\_\_\_\_

ARE YOU UNDER THE AGE OF 18? \_\_\_\_ YES \_\_\_\_ NO IF UNDER 18, STATE YOUR AGE \_\_\_\_\_

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? \_\_\_\_ YES \_\_\_\_ NO

HAVE YOU WORKED FOR SAFEWAY OR ONE OF ITS AFFILIATED COMPANIES LISTED AT THE TOP OF THIS APPLICATION? \_\_\_\_ YES \_\_\_\_ NO

WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

POSITION HELD? \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

LIST THE NAMES OF RELATIVES EMPLOYED BY ANY OF THE SAFEWAY COMPANIES AND THEIR WORK LOCATION \_\_\_\_\_ NONE

NAME	RELATIONSHIP	WORK LOCATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE LAST TEN (10) YEARS (other than a minor traffic violation)? \_\_\_\_ YES\* \_\_\_\_ NO

\*Do not answer YES if the only reason for doing so is either:

- (a) If the conviction or plea resulted in a pre-trial or post-trial diversion program; or
- (b) If the record of the conviction has been judicially ordered sealed, expunged or statutorily eradicated; or
- (c) If the conviction is a misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to Penal Code Section 1203.4; or
- (d) If the conviction is under California Health & Safety Code sections 11357(b) or (c), 11360(b) (formerly section 11360(c)), 11364, 11365, or 11550, or their statutory predecessors which relate to marijuana convictions that occurred 2 or more years ago.

HAVE YOU, OR TO YOUR KNOWLEDGE HAS ANY PERSON UNDER YOUR SUPERVISION, EVER BEEN CONVICTED OF A VIOLATION OF CRIMINAL LAW FOR SELLING OR SUPPLYING TOBACCO PRODUCTS TO A MINOR THAT WAS NOT OVERTURNED ON APPEAL, OR THE RECORD FOR WHICH WAS NOT JUDICIALLY ORDERED SEALED, EXPUNGED, OR STATUTORILY ERADICATED, OR THE CASE WAS NOT JUDICIALLY DISMISSED PURSUANT TO CALIFORNIA PENAL CODE SECTION 1203.4, OR WAS NOT RESOLVED BY A REFERRAL TO A PRETRIAL OR POST TRIAL DIVERSION PROGRAM? \_\_\_\_ YES \_\_\_\_ NO

IF THE ANSWER TO EITHER OR BOTH QUESTIONS ABOVE IS YES, EXPLAIN THE CIRCUMSTANCES BELOW WITHOUT IDENTIFYING THE NAMES OF ANY OTHER PERSONS INVOLVED IN THE INCIDENT. (A "Yes" answer will not necessarily disqualify you from employment.)  
\_\_\_\_\_  
\_\_\_\_\_

DATE AVAILABLE FOR WORK \_\_\_\_\_ TOTAL HOURS AVAILABLE PER WEEK \_\_\_\_\_  
(You may list time needed for religious practices/observances as "available" time.) The majority of retail store shifts are afternoons, evenings and weekends.

	SUN	MON	TUES	WED	THURS	FRI	SAT
Earliest Time	_____	_____	_____	_____	_____	_____	_____
Latest Time	_____	_____	_____	_____	_____	_____	_____

# APPLICATION FOR EMPLOYMENT

(California Applicants ONLY)

To learn more & join the Safeway team visit Safeway.com

## EDUCATION

NAME & ADDRESS OF SCHOOLS ATTENDED	FROM mo/yr	TO mo/yr	CIRCLE HIGHEST GRADE/LEVEL COMPLETED				DEGREE/MAJOR
			9	10	11	12	
HIGH SCHOOL	X	X					
COLLEGE			1	2	3	4	
GRADUATE			1	2	3	4	
OTHER			1	2	3	4	

## RECORD OF U.S.A. MILITARY AND RESERVE STATUS

**Service Dates**

FROM mo \_\_\_\_\_ yr \_\_\_\_\_ TO mo \_\_\_\_\_ yr \_\_\_\_\_ Branch \_\_\_\_\_ Reserve Unit \_\_\_\_\_ Meeting Dates \_\_\_\_\_

Summarize skills, training or qualifications: \_\_\_\_\_

## PROFESSIONAL/PERSONAL REFERENCES

NAME	ADDRESS	PHONE NUMBER	OCCUPATION
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____

## EMPLOYMENT HISTORY

List each job held during the last seven (7) years with a minimum of three (3) employers. Start with your present or last job. Also, include any periods of unemployment, military service, and volunteer and/or part-time work experience. If necessary, use an additional sheet to include related work history beyond seven (7) years.

EMPLOYMENT DATES (mo/yr)	COMPANY AND MAILING ADDRESS	SUPERVISOR'S NAME/PHONE	SALARY	YOUR JOB TITLE	SPECIFIC JOB DUTIES	REASON FOR LEAVING
FROM			START			
TO			FINAL			
FROM			START			
TO			FINAL			
FROM			START			
TO			FINAL			
FROM			START			
TO			FINAL			
FROM			START			
TO			FINAL			

Have you ever been fired from a job or given an opportunity to resign? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Explain:

## READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION

Please initial each of the following paragraphs:

\_\_\_\_ Certification: I certify that the information I provided on this application is true and correct to the best of my knowledge, and I agree to have this information checked by the Company. I authorize the references listed to provide the Company with information about my previous employment and any other information they may have. I release all parties and persons, including the Company, from any and all liability for any damages for providing this information, consistent with state and federal law.

\_\_\_\_ At will employment: I understand that nothing in this application is intended to be, or is, an offer of employment or a promise of continued employment. I understand that if I become employed by the Company, my employment is for no specific term. I further understand that, except for any periods of time that I am employed in a position covered by an express written agreement that provides otherwise, my employment with the Company may be terminated at any time, with or without cause and/or notice, at the will of either me or the Company. I further understand that no Company representative has any authority to enter into any agreement with me different or contrary to the foregoing.

\_\_\_\_ Eligibility verification: I understand that any false statement or omission on this application may prevent me from receiving an offer of employment, may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the false statement or omission is discovered.

I also understand that any offer of employment is conditioned on satisfactory proof of my identity, that I am of legal age, and that I have legal authorization to work in the United States. I also understand that this may include the Company's receipt of satisfactory responses to reference requests, my passing of any required drug screening test, satisfactory completion of a background check, if applicable, and satisfactory completion of a post-offer medical examination, if applicable.

\_\_\_\_ Applicant Signature

\_\_\_\_ Date

\_\_\_\_ Interviewer Signature

\_\_\_\_ Date

**APPLICATION INFORMATION**

To be completed by Applicant

NAME (Required)

First

Middle Initial

Last

**Race/Ethnic Group  
SELECT ONLY ONE**

- American Indian/Alaskan Native
- Asian
- Native Hawaiian/  
Other Pacific Islander
- Black/African American
- Hispanic/Latino
- White
- Two or More Races
- Decline Disclosure

**Gender**

- Male
- Female
- Decline Disclosure

**Application Date**

Month	Day		Year
<input type="checkbox"/> Jan			<input type="checkbox"/> 2005
<input type="checkbox"/> Feb			<input type="checkbox"/> 2006
<input type="checkbox"/> Mar	0	0	<input type="checkbox"/> 2007
<input type="checkbox"/> Apr	1	1	<input type="checkbox"/> 2008
<input type="checkbox"/> May	2	2	<input type="checkbox"/> 2009
<input type="checkbox"/> Jun	3	3	<input type="checkbox"/> 2010
<input type="checkbox"/> Jul		4	
<input type="checkbox"/> Aug		5	
<input type="checkbox"/> Sep		6	
<input type="checkbox"/> Oct		7	
<input type="checkbox"/> Nov		8	
<input type="checkbox"/> Dec		9	

**Source Code**

- Walk-in
- Newspaper Advertisement
- Employee Referral
- Employment Agency
- Female/Minority Group Referral
- Community/Vocational Rehab Org
- High School/College Referral
- Job Fair/Recruiting Event
- Internal Postings
- Job Postings
- Other (Explain) \_\_\_\_\_
- Internal Employee Application

**TO BE COMPLETED BY HIRING PERSONNEL ONLY**

(mark appropriate boxes)

**Job Group Codes**

- 1A Store Managers
- 1B Assistant Store Managers
- 1C Department Managers
- 1D Head Clerks
- 1E Pharmacy Manager
- 1F Supply Manager/Supervisor
- 1G Backstage Manager
- 1H Distribution Manager
- 1L Directors
- 2A Pharmacist
- 2B Professionals
- 3A Technician
- 5A Senior Clerical
- 5B Clerical
- 9A Service Workers
- Other \_\_\_\_\_

**Disposition Codes**

- A = No position available within the last 60 days
- B = More qualified applicants available
- C = Unavailable to work required hours
- D = Available type of work was not acceptable
- E = Unable to contact/unavailable for interview
- F = Wage not acceptable
- G = Did not meet post-offer policy requirements
- H = Declined job offer
- I = Did not show up for Interview
- J = Ineligible for rehire
- K = Did not pass pre-employment test
- L = Hired
- M = Other

**Interview Date**

Month	Day		Year
<input type="checkbox"/> Jan			<input type="checkbox"/> 2005
<input type="checkbox"/> Feb			<input type="checkbox"/> 2006
<input type="checkbox"/> Mar	0	0	<input type="checkbox"/> 2007
<input type="checkbox"/> Apr	1	1	<input type="checkbox"/> 2008
<input type="checkbox"/> May	2	2	<input type="checkbox"/> 2009
<input type="checkbox"/> Jun	3	3	<input type="checkbox"/> 2010
<input type="checkbox"/> Jul		4	
<input type="checkbox"/> Aug		5	
<input type="checkbox"/> Sep		6	
<input type="checkbox"/> Oct		7	
<input type="checkbox"/> Nov		8	
<input type="checkbox"/> Dec		9	



Vons • Randalls • Tom Thumb • Genuardi's  
Pavilions • Dominick's • Carrs/Safeway

---

## **NOTICE CONCERNING CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS**

This form, which you should read carefully before signing the separate Consent to Consumer Reports and Investigative Consumer Reports, has been provided to you because Safeway Inc. ("the Company") may request consumer reports or investigative consumer reports from USIS Commercial Services, Inc. ("USIS"), in connection with your application for employment or, if you are or become employed by the Company, during the course of your employment with the Company. Such reports may be requested for purposes of evaluating your suitability for employment, promotion, reassignment, retention or other employment-related purposes.

The types of reports that the Company may request from USIS include, but are not limited to: credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational, employment records and histories, and investigative consumer reports (reports with information regarding your character, general reputation, personal characteristics or mode of living). The information contained in these reports may be obtained by USIS from public record sources, educational institutions or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other people you know. You have the right to request additional disclosures of the nature and scope of the investigation by USIS and a statement of your rights. To receive this information or to inspect any files concerning such a report or to determine if a report on you has been requested, you may contact USIS by mail at 4500 S. 129th East Avenue, Suite 200, Tulsa, Oklahoma 74153, by phone at (800) 331-9175 or by fax at (918) 627-6162.

Pursuant to the California Civil Code, upon submission of proper identification and during normal business hours, you may view the file maintained on you by USIS. By contacting USIS in person, by mail or by phone, you also may obtain a copy of this file after submitting proper identification and paying any statutorily prescribed costs for such file. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you provided that this person furnishes reasonable identification.

If any adverse decision with regard to your application for employment with the company or, if you are hired, during the course of your employment, is based in whole or part on the information contained in a consumer report or investigative consumer report, you will be notified as to the basis for the decision and given a copy of the report, as well as a summary of your applicable rights.

## **CONSENT TO CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS**

I have carefully read and understand the Notice Concerning Consumer Reports and Investigative Consumer Reports ("the Notice") and this Consent to Consumer Reports and Investigative Consumer Reports ("Consent") and, by my signature below, I authorize USIS Commercial Services, Inc. ("USIS") to release consumer reports and/or investigative consumer reports, as described in the Notice, to Safeway Inc. (the "Company"): (1) in conjunction with my application for employment, and (2) during the entire course of my employment. I further understand that any and all information contained in my job application or otherwise disclosed to the Company by me before or during my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company, and I confirm that all such information provided in connection with my job application is true and correct. I also agree that a facsimile, photocopy or electronic copy of this form may be used in lieu of the original.



Vons • Randalls • Tom Thumb • Genuardi's  
Pavilions • Dominick's • Carrs/Safeway

I also authorize the following entities to disclose to USIS and its agents all information about or concerning me, including, but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and, any other person, organization or agency with any information about or concerning me. The information that can be disclosed to USIS and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, drug test results, military service, professional credentials, and all other information requested by USIS or its agents.

### NOTICE TO CALIFORNIA APPLICANTS OR EMPLOYEES

In the event that the Company obtains a consumer report or investigative consumer report, you have a right to a free copy of the report. If you wish to obtain a copy of the report, please check the box below:

\_\_\_\_\_ Yes, I would like a free copy of any consumer or investigative consumer report regarding me obtained by the Company.

In the event that the Company, without the use of USIS or another consumer reporting agency obtains records documenting an arrest, indictment, conviction, civil, judicial action, tax lien or outstanding judgment ("Public Records"), the Company shall provide a copy of the Public Records to you within 7 days after receipt of the information, regardless of whether the record is in oral or written form. You may waive your right to receive a copy of the Public Records by checking the box below:

\_\_\_\_\_ Yes, I waive my right to receive a copy of Public Records obtained by the Company.

In the event that the Company obtains Public Records for purposes of conducting an investigation for suspicion of wrongdoing or misconduct by you, the Company may withhold the information until the completion of the investigation.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code