3:00 p.m.

[ms-0398.012.011.021]

The FedMart Corporation

FedMart is an equal opportunity employer. FedMart believes in and practices a policy of non-discrimination with respect to race, religion, color, creed, national origin, sex or age.

It is understood that the applicant by presenting this application for employment represents that the statements given by the applicant of the information requested in this application are true, correct, and complete and that any false, misleading or incomplete statement of the information requested in this application shall be sufficient grounds for discharge from employment. It is further understood that the submission of this application authorizes the Company to obtain any information regarding my previous employment, physical condition, and school records. I hereby release all previous employers, schools or persons from all liability for any damage for issuing this information.

EMPLOYMENT APPLICATION

1. NAME & LOCATION

Please Read Carefully—Write Clearly—Answer All Questions

Mr. Mrs. Miss Foucher (Last Name) Bernard (First Name) Joesph (Middle Name) (Maiden Name)

Social Security No.

Current Address No. & Street 1402 Ebbs — How Long There? 3 mo. — Phone No. (Home) — Phone No. For Message "

City, State, ZIP San Diego Calif.

Last Previous Address (in this State) No. & Street — How Long There? — Date Arrived In State

City, State, ZIP

If Above Addresses Cover Less Than 5 Years, Give Other Full Address 8004 Kennwood Chicago Ill.

2. EMPLOYMENT DESIRED

Date Available — No. of Yrs. Experience — Salary Expected — Experience? Yes ☑ No ☐

Referred By:

Will You Accept Part-Time Work? Yes ☐ No ☑

Will You Accept Temp. Work? Yes ☐ No ☑

Have You Worked For Our Company Before? Yes ☐ No ☑

If Yes, State Date Left & Reason 75-1907

3. MARITAL

Single	
Engaged	
Married	✓
Separated	
Divorced	
Remarried	
Widowed	

4. DEPENDENTS

Wife or Husband	✓
Number of Children	
Ages of Children	One
Parents	
Other	

5. RESIDENCE

Own or Buying Home	
Rent Home	
Rent Room or Board	✓
Live with Spouse	✓
Live with Parents	
Live with Relatives	

6. PHYSICAL

Date of Birth Month - Day - Year 2-2-46

Weight 155 lbs. Height 6 Ft. In.

Color of Hair Color of Eyes Green

Hearing Good ☑ Fair ☐ Poor ☐ Wear Aid ☐

Glasses Worn? Yes ☐ No ☑

List Below All Disabilities Amputations, Deformities, Chronic Illnesses (Include Hernia or Epilepsy)

List Major Surgery and Dates: None

Husband's or Wife's Name Evelyn Maiden Name Jones

Occupation of Spouse —

Employer —

If you have Children are they Dependent upon you for Support? Yes ☑ No ☐

What Arrangements have been made for Child Care?

7. CITIZENSHIP & LANGUAGES

Are you a Citizen of the U.S.?	YES
If not, list Alien Registration No.	
If not a U.S. Citizen, have you the Legal Right to Remain Permanently in the United States?	Y
If not do you Intend to Become a Citizen?	—
Do you Intend to Remain Permanently in the U.S.?	—
What Foreign Languages do you Speak?	None

8. U.S. MILITARY SERVICE

Service Branch — Final Rank or Rate

Special Training

Type of Discharge

Date Entered — Date Separated

Reserve Organization

Selective Service

Board No.	Classification	Date
33	3A	6-10-65

9. STATEMENT OF HEALTH (confidential)

Have you ever Failed to Pass an Insurance Physical?	No
Have you ever Filed a Claim for Workmen's Compensation?	No
If yes, did you Receive an Award?	
Was it Based on Permanent Disability of any Kind?	None
Have you Missed any Work During the Past Six Months Due to Illness?	No
Do you have any War Service Disability?	No
Percent of Service Disability	

10. PERSONAL

Have you Ever Been: Arrested (Omit Minor Traffic Violations) Yes ☐ No ☑

Convicted of a Misdemeanor or Felony? Yes ☐ No ☑

If Yes, Explain (Give Date & Place)

Have you ever been Refused a Bond? Yes ☐ No ☑ If Yes, Explain

Have your Wages been Garnished within the Last 6 Months? Yes ☐ No ☑ If Yes, Explain

Have you ever been Discharged or Forced to Resign Yes ☐ No ☑ If Yes, Explain

Have you any Relatives Employed in our Company? Yes ☐ No ☑ If Yes, Give Names

Transportation Arrangements?

APPLICANT—DO NOT USE THIS SPACE

Interviewed by: _____ Date: _____

Location Personnel Administrator

Interviewed by: _____ Date: _____

Hiring Supervisor

IMPORTANT! Give Name and Address of Person to Notify in Case of Emergency:

Name Mrs. Geneva Foucher Phone No. 475-1907 No. & Street 1402 Edds.

11. EXPERIENCE

Give a Complete Record of all Employment and Reasons for Periods Unemployed During the Last 10 Years, Including U.S. Military Service, Start with Most Recent Emp.

Latest Employ. First From Mo.	From Year	To Mo.	To Year	Employer's Name, Address, Telephone No. and Name of Last Supervisor	Last Salary and Position(s) Held	Reason for Leaving (Explain)
12	[illegible]	12	72	Firm or Organization: Ford Motor Co. No. & Street: McKern + Textile — Phone No. City, State, Zip: Ypsilanti Mich. — Supervisor	Salary $ 695 mo. Start — Finish Position: Production Checker	Laid ~~Lade~~ Off. Job. Moved Back Dept. to all.
4	72	6	72	Firm or Organization: W.T. Grant Dept Stores No. & Street: Grove Rd. — Phone No. City, State, Zip: Ypsilanti Mich. — Supervisor	Salary $ 12500 wk. Start — Finish Position: Credit Mg. Trainee	Part Time
				Firm or Organization No. & Street — Phone No. City, State, Zip — Supervisor	Salary $ Start — Finish Position	
				Firm or Organization No. & Street — Phone No. City, State, Zip — Supervisor	Salary $ Start — Finish Position	
				Firm or Organization No. & Street — Phone No. City, State, Zip — Supervisor	Salary $ Start — Finish Position	

What Office Machines can you use? Typewriter

Typing Speed WPM 50 w.

Shorthand Speed WPM —

Professional Organizations, Civic Activities, Special Interests Hobbies (not Fraternal or Religious Organizations)

What are your plans or goals with FedMart?

12. EDUCATION

Names and Complete Addresses of Schools

		Circle Last Grade Completed		Did You Graduate?	Date of Leaving or Graduation
Last Elementary School		1 2 3 4 5 6 7 8			
Last High School		9 10 11 12			
Jr. College, College, or University	Major Subjects	Yrs. Compl.	Degrees	Graduate	Date Left
Technical or Vocational School					

Other Details of Experience or Training, Include Information on Adult Education Programs

School	Course	Degree or Certificate	Date Completed

Currently Taking Course? Yes ☐ No ☐

13. BUSINESS ORGANIZATIONS WITH WHICH YOU HAVE ESTABLISHED CREDIT

Name of Company	Address	Active or Inactive?	Name of Company	Address	Active or Inactive?

14. FINANCIAL INFORMATION

Type of Insurance you have in Force:

Life ☐ Annuity ☐ Health ☐
Auto ☐ Accident ☐ Hospitalization ☐

If you possess any of the following please check:

Checking Account ☐ Stocks ☐ Real Estate ☐ Interest in other business ☐
Savings Account ☐ Disability Pension ☐ Pension ☐

APPLICANT'S SIGNATURE DATE: