



## Employment Application

We appreciate your interest in SUPERVALU, INC. This information will help us understand your qualifications, background, and work history and will help us place you in a position for which you are best suited.

The Civil Rights Act of 1964, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, as amended, prohibit discrimination in employment because of race, color, sex, religion, natural origin, age or disability. Various state laws prohibit some of the above as well as other types of discrimination. As an Equal Opportunity Employer, SUPERVALU, INC. intends to comply fully with all applicable employment laws.

Date:	
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Please type or print requested information.

### PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security No.
Street Address			County
City or Town	State	Zip Code	Home Phone and Area Code
			(   )
Phone where you can be reached if different from home phone	Phone Number & Area Code		Extension
	(   )		

### POSITION INFORMATION

Position(s) Applying For	Status Desired
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Expected Earnings	Date Available
Per: <input type="checkbox"/> Hr. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	
Location Preference	
Do you have the ability to perform the essential functions of the job you are applying for with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### SCHEDULE AVAILABILITY

TIME:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From when?							
To when?							

\*Please note that the above designations do not guarantee specific work shifts.

### EDUCATION INFORMATION

School Type	School Name and Location	Completed Years	Graduated?	Major course of study
High School/ GED				
College/ University				
Graduate School				
Business, Trade or Other				
List any special skills, training, professional licenses/registration or qualifications you have that qualify you for the position(s) you are applying for:				

### GENERAL INFORMATION

Can you provide genuine documentation establishing your identity & eligibility to be legally employed in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If no, how old are you?
Do you know anyone who is currently employed by Supervalu?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list that associate's full name:	
Have you worked for this company before?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when?    Where?
Reason for Leaving:	

\*Do not answer "yes" if your conviction record has been annulled, expunged, or sealed.

## EMPLOYMENT HISTORY

Present or most recent employer

Name of Company		Type of Business			
Address - Street		City	State	Zip code	
Employment Dates (Month/Year)	Supervisor's Name	Title	Phone Number	May we contact this employer?	
to				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Title	Brief Description of Job				
Starting Rate of Pay	Ending Rate of Pay	Bonus, Incentives, etc		Reason for Leaving	
Per: <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.	Per: <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.	Amount:	Year:		

Next previous employer

Name of Company		Type of Business			
Address - Street		City	State	Zip code	
Employment Dates (Month/Year)	Supervisor's Name	Title	Phone Number	May we contact this employer?	
to				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Title	Brief Description of Job				
Starting Rate of Pay	Ending Rate of Pay	Bonus, Incentives, etc		Reason for Leaving	
Per: <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.	Per: <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.	Amount:	Year:		

Next previous employer

Name of Company		Type of Business			
Address - Street		City	State	Zip code	
Employment Dates (Month/Year)	Supervisor's Name	Title	Phone Number	May we contact this employer?	
to				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Title	Brief Description of Job				
Starting Rate of Pay	Ending Rate of Pay	Bonus, Incentives, etc		Reason for Leaving	
Per: <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.	Per: <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.	Amount:	Year:		

Please explain any times of unemployment:

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### REFERENCES

#	Name (not relatives)	Occupation	Phone Number	Length of time known
1				
2				
3				

### MILITARY SERVICE

Branch of Service	Dates of Service	Rank at Discharge
	to	
Type of Discharge*	Special Training	

\*A dishonorable or general discharge is not an absolute bar to employment

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

The information I have provided on this application is true and correct to the best of my knowledge. Any false statement or omission of facts will be justification for refusal of employment, or if employed, termination of employment. SUPERVALU, INC. may verify all the information provided by me, including but not limited to education and employment, and may use an outside company to conduct the investigation. I consent to take a pre-employment medical examination (including a drug test), if required, and any future physical examinations as may be required by the company. I understand that if I become employed by SUPERVALU INC., my employment is for no specific term. Except for any period or periods of time that I am employed in a position covered in a collective bargaining agreement which provides otherwise, I further understand my employment is terminable, with or without notice, at the will of either myself or the company.

Applicant's Signature:	Date:
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