

**CiCi's Market**  
**4110 Cleveland Highway**  
**Gainesville, GA 30507**  
**770 983 9724**

**Pre-Application Questionnaire**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you ever filled out an application or worked for our firm before?  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. Do you have a working telephone?  
YES \_\_\_\_\_ Enter Telephone # \_\_\_\_\_ NO \_\_\_\_\_
3. Do you have reliable transportation?  
YES \_\_\_\_\_ NO \_\_\_\_\_
4. Do you have (with you) two government approved ID's for your I-9 information?  
YES \_\_\_\_\_ NO \_\_\_\_\_
5. What job(s) are you applying? \_\_\_\_\_
6. Will you work any hours available to you? YES \_\_\_ NO \_\_\_  
If no, what hours are you available to work? \_\_\_\_\_
7. Have you ever filed a Worker's Comp claim? YES \_\_\_ NO \_\_\_  
If yes, please describe in detail where the accident occurred, and how. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Did you receive worker's comp benefits? YES \_\_\_ NO \_\_\_  
If yes, how long? \_\_\_\_\_
9. Are you physically capable of safely lifting 100 pounds? YES \_\_\_ NO \_\_\_
10. Are you willing to take a drug and alcohol screen? YES \_\_\_ NO \_\_\_
11. Will you submit to a criminal background check? YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
Signature of above person seeking employment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of company representative

\_\_\_\_\_  
Date

# CiCi's Market

## LIST BELOW LAST THREE EMPLOYERS WITH THE MOST RECENT ONE FIRST

Name of present or last Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hourly Starting Salary \_\_\_\_\_ Hourly Final Salary \_\_\_\_\_

May we contact your Supervisor? YES \_\_\_ NO \_\_\_ Phone # \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Description of work \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hourly Starting Salary \_\_\_\_\_ Hourly Final Salary \_\_\_\_\_

May we contact your Supervisor? YES \_\_\_ NO \_\_\_ Phone # \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Description of work \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hourly Starting Salary \_\_\_\_\_ Hourly Final Salary \_\_\_\_\_

May we contact your Supervisor? YES \_\_\_ NO \_\_\_ Phone # \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Description of work \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_



# CiCi's Market

(Hereafter referred to as The Company)

## Employee Drug & Alcohol Testing Consent Form

I do hereby consent to submit to urinalysis and/or other tests as shall be determined by The Company, for the purpose of determining the drug content thereof.

I agree that individuals certified by the National Institute on Drug Abuse (NIDA), the College of American Pathologists (CAP), the Georgia State Department of Human Resources, or a qualified person certified or employed by a practicing collection company may collect specimens for these tests to be performed. Moreover, I agree the collector of specimens may conduct their own tests, or they may forward them to a NIDA or CAP Certified, testing laboratory for analysis.

I further agree to and hereby authorize the release of the results of said tests to The Company.

I understand that it is current use of illegal drugs that shall strictly prohibit me from being employed at The Company.

I further agree to Hold Harmless in every respect The Company and their agents, including specimen collection companies, designated testing laboratories as well as their duly authorized representatives, from any liability arising in whole or in part out of the collection of specimens, the testing of specimens, and the use of the information from said testing all being conducted in connection with The Company's consideration of my continued employment. I also understand that random testing may be required at any time of suspension or an accident on the job occurs.

I further agree that a reproduced copy of the Drug & Alcohol Testing Consent Form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its content. I acknowledge that my signing of the Drug and Alcohol Testing Consent Form is a voluntary act on my part and that I have not been coerced in signing this document by anyone.

Employee:  
Print Name \_\_\_\_\_ SS# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness:  
Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# PeopleCheck, Inc.

PO Box 1544  
Gainesville, GA 30506  
Tel. (770) 535-6200  
Fax (770) 535-6780

## RELEASE AND AUTHORIZATION FOR APPLICANT

I hereby authorize any corporation; employer; former employer; credit agency; educational institution; private information bureau; law enforcement agency; department or division of the military services; city, county, state, or federal court, agency or department; and any other person that has any record or knowledge of my court, criminal, driving, education, immigration, legal, medical (to include drug testing but not limited to drug screening result), military, naturalization, workers' compensation, Social Security Administration, or credit history to provide any information or records in its possession regarding my history to PeopleCheck, Inc. and/or its authorized agents. I hereby fully release and discharge all listed from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

I consent to PeopleCheck, Inc. furnishing to my employer or potential employer designated below (hereinafter "Employer") a consumer report for employment purposes. I further consent to PeopleCheck, Inc. including in any consumer report it furnishes to Employer for employment purposes medical information about me.

This authorization shall be valid and effective from the date on which it is signed and remain valid and effective during the process of my application for employment with Employer and, if I am hired by Employer, throughout my tenure of employment with Employer.

A photographic copy of this Release and Authorization shall be valid to the same extent as the original.

I do hereby acknowledge that Employer has provided to me a clear and conspicuous disclosure in a writing consisting solely of the disclosure that a consumer report may be obtained for employment purposes and that I have authorized in writing the procurement of the report by Employer for employment purposes, which authorization shall remain valid and effective and allow Employer to obtain a consumer report on me for employment purposes at any time during the application process and, if I am hired by Employer, throughout my tenure of employment with Employer.

I do further acknowledge that I have received written disclosure that an investigative consumer report including information as to my character, general reputation, personal characteristics, and mode of living may be made and written notice of my right to request a complete and accurate disclosure of the nature and scope of the investigation requested by Employer and a written summary of consumer rights under the Fair Credit Reporting Act.

**PLEASE REVIEW THIS DOCUMENT CAREFULLY BEFORE SIGNING AND ENSURE THAT YOU HAVE RECEIVED THE NOTICES AND DISCLOSURES REFERRED TO HEREIN PRIOR TO EXECUTING THIS RELEASE AND AUTHORIZATION.**

\_\_\_\_\_  
Please Print Full Name (Including Maiden)

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

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

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Driver's License Number and State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date

**PeopleCheck, Inc.**

A GRMG, Inc. Company  
PO Box 1544  
Gainesville, GA 30503  
Tel. (770) 535-6200  
Fax (770) 535-6780

**RELEASE AND AUTHORIZATION FOR APPLICANT**

I hereby authorize any corporation; employer; former employer; credit agency; educational institution; private information bureau; law enforcement agency; department or division of the military services; city, county, state, or federal court, agency, or department; and any other person that has any record or knowledge of my court, criminal, driving, education, immigration, legal, medical, military, naturalization, workers' compensation, Social Security Administration, or credit history to provide any information or records in its possession regarding my history to PeopleCheck, Inc. and/or its authorized agents. I hereby fully release and discharge all listed from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

I consent to PeopleCheck, Inc. furnishing to my employer or potential employer designated below (hereinafter "Employer") a consumer report for employment purposes. I further consent to PeopleCheck, Inc. including in any consumer report it furnishes to Employer for employment purposes medical information about me.

This authorization shall be valid and effective from the date on which it is signed and remain valid and effective during the process of my application for employment with Employer and, if I am hired by Employer, throughout my tenure of employment with Employer.

A photographic copy of this Release and Authorization shall be valid to the same extent as the original.

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I do further acknowledge that I have received written disclosure that an investigative consumer report including information as to my character, general reputation, personal characteristics, and mode of living may be made and written notice of my right to request a complete and accurate disclosure of the nature and scope of the investigation requested by Employer and a written summary of consumer rights under the Fair Credit Reporting Act.

PLEASE REVIEW THIS DOCUMENT CAREFULLY BEFORE SIGNING AND ENSURE THAT YOU HAVE RECEIVED THE NOTICES AND DISCLOSURES REFERRED TO HEREIN PRIOR TO EXECUTING THIS RELEASE AND AUTHORIZATION.

_____ Please Print Full Name exactly as it appears on Social Security Card	_____ Social Security Number
_____ Street Address	_____ Date of Birth
_____ City, State and Zip Code	_____ Driver's License Number and State
_____ Sex	_____ Race
_____ Signature	_____ Date



### **Fair Credit--A Summary of the Law**

• The Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as where you work and live, if you pay your bills on time, and whether you've been sued, arrested, or filed for bankruptcy -- to creditors, employers, and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires them to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq. at the Federal Trade Commission's web site (<http://www.ftc.gov>).

• You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment must give you the name, address, and phone number of the CRA that provided the report.

• You can find out what is in your file. A CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to a "risk score" or a "credit score" that is based on information in your file. There is no charge for the report if your application was denied because of information supplied by the CRA, and if you request the report within 60 days of receiving the denial notice. You are also entitled to one free report a year if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars.

• You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) unless your dispute is frivolous. The CRA must pass along to its source all relevant information you provided. The CRA also must supply you with written results of the investigation and a copy of your report, if it has changed. If an item is altered or deleted because you dispute it, the CRA cannot place it back in your file unless the source of the information verifies its accuracy and completeness, and the CRA provides you a written notice that includes the name, address and phone number of the source.

• Inaccurate information must be deleted. A CRA must remove inaccurate information from its files, usually within 30 days after you dispute its accuracy. The largest credit bureaus must notify other national CRAs if items are altered or deleted. However, the CRA is not required to remove data from your file that is accurate unless it is outdated or cannot be verified.

• You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, they may not continue to report it if it is in fact an error. Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

• Access to your file is limited. A CRA may provide information about you only to

those who have a need recognized by the FCRA -- usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business. Your consent is required for reports that are provided to employers or that contain medical information. A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about PeopleCheck

you without your permission.

• You can stop a CRA from including you on lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call and tell the CRA if you want your name and address excluded from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two years. If you request and complete the CRA form provided for this purpose, you can have your name and address removed indefinitely.

• You may seek damages from violators. You may sue a CRA or other party in state or federal court for violations of the FCRA. If you win, the defendant may have to pay damages and reimburse you for attorney fees. If you lose and the court specifically finds you sued in bad faith, you or your attorney may have to pay the defendant's fees.

• You may have additional rights under state law. You may wish to contact a state or local consumer protection agency or a State attorney general to learn those rights. If you have questions or believe your file contains errors, call our toll-free number.



# CiCi's Market

## NO HARASSMENT POLICY

We do not tolerate harassment of any of our employees. Any form of harassment related to an individual's race, color, sex, religion, national origin, citizenship status, age or disability toward another employee, customer, or any other person with whom the Company is conducting business is forbidden. **VIOLATION OF THIS POLICY WILL SUBJECT AN EMPLOYEE TO DISCIPLINARY ACTION, UP TO AND INCLUDING IMMEDIATE DISCHARGE.**

### "HARASSMENT" INCLUDES:

- Offensive remarks, comments, jokes or slurs pertaining to an individual's race, color, sex/gender, religion, age, national origin, disability, or citizenship status;
- Offensive sexual remarks, sexual advances or requests for sexual favors regardless of the gender of the individuals involved;
- Offensive physical conduct, including touching, regardless of the gender of the individuals involved;
- Offensive pictures, drawings or photographs of other communications, including e-mails; and
- Threatening reprisals for an employee's refusal to respond to requests for sexual favors or for reporting a violation of this policy.

**We have a zero tolerance** for conduct which is offensive or prohibited by this policy even if the conduct would not rise to the level of harassment in a legal sense. This means borderline behavior and "minor" incidents will constitute a violation of this policy. Any allegations regarding violations to the above rules should be immediately reported to your Department Manager. If you do not feel that the matter can be discussed with your manager, or if you are not satisfied with the manner in which your complaint is being handled, you should contact the Company President and arrange for a meeting to discuss your complaint. You may be assured that your complaint will be kept as confidential as possible and that you will not be penalized in any way for reporting a harassment problem,

**We cannot help resolve a harassment problem unless we know about it. Therefore, it is your responsibility to bring such problems to our attention, so that we can take whatever steps are necessary to correct the problem.**

I, \_\_\_\_\_ acknowledge the above policy and fully understand my responsibilities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CiCi's Market

I, \_\_\_\_\_ have read the "Employee Handbook" and agree to all the terms and conditions, including a background check. I understand that I am under surveillance and that it is used to monitor for complying with company policies and grading my performance. I understand that if I receive three written violation notices in a thirty day time period, that this will be reason for termination and lost benefits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have been trained in carding procedures for all alcohol and tobacco products. I understand the company policies regarding underage sales to minors; that I will be terminated and possibly prosecuted for violating these policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CiCi's Market

## EMPLOYMENT VERIFICATION REQUEST LETTER

Date: \_\_\_\_\_

Name of Former Employer's Representative \_\_\_\_\_

Company Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Re: Employment Verification For \_\_\_\_\_

(Applicant Name)

Dear: \_\_\_\_\_

The individual identified above has applied, and is being considered, for employment with CiCi's Market. We would greatly appreciate a statement from you regarding your experiences with \_\_\_\_\_ while he / she was employed by your company.

Please fill out the information requested below, and return it via mail in the enclosed self-addressed stamped envelope or via fax to (770) 532-6110 at your earliest convenience.

Of course, your reply will be held in the strictest confidence. Thank you in advance for your assistance.

Sincerely,

Bob Carr  
Human Resources Manager

I hereby authorize you to supply **CiCi's Market** with the requested information.

Applicant's Signature: X \_\_\_\_\_ Date: X \_\_\_\_\_

# CiCi's Market

Employment Verification re: \_\_\_\_\_

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## REFERENCE INFORMATION

Please fill out the following information to the best of your knowledge.

Is your company a certified drug free workplace?  Yes  No

Applicant's final job title at your company: \_\_\_\_\_

Dates applicant was employed by your company: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Ending salary: \_\_\_\_\_

Eligible for rehire?  Yes  No If no, why not: \_\_\_\_\_

Please place a check mark under the appropriate rating for each item below.

	Excellent	Good	Fair	Poor
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation/attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General work record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate if the applicant violated any company policies:

\_\_\_\_\_ Drug Free Workplace \_\_\_\_\_ Workers Comp Reporting \_\_\_\_\_ Safety

Check any specialty training:

Food Safety  First Aid  CPR

List any awards for attendance/job performance/safety:

\_\_\_\_\_

Respondent Name / Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_