

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.

	PE	RSONAL	INFORMA	TION			
NAME					TEL. NO. ()	
First	Middle Initia	al	Last				
OTHER NAMES USED FOR EMPLOY	MENT OR EDUCATIO	N (if any)					
ADDRESS					SOCIAL SECURITY	' NO.	
Street/Apt. #	City	State	ZIP	County			
OR WHAT POSITION(S) ARE YOU	APPLYING?				FULL-TIME	PART-TIME	EITHER
REFERRED FACILITY/STORE?							
RE YOU UNDER THE AGE OF 18?	YES	NO	IF UNDER	18, STATE YO	UR AGE		
ARE YOU LEGALLY ABLE TO WORK	(IN THE UNITED STATE	TES?YI	ESNO				
HAVE YOU WORKED FOR SAFEWA	Y OR ONE OF ITS AFF	ILIATED COMPA	ANIES LISTED AT	THE TOP OF	THIS APPLICATIO	N?YES	NO
WHEN? WHERE?							
POSITION HELD?		REASON F	OR LEAVING?_				
LIST THE NAMES OF RELATIVES EM	DI OVED BY ANY OF	THE CAEE\\/AV (COMPANIES AN	D THEIR WOR	KIOCATION		NONE
NAME			ATIONSHIP	D THEIR WOR		VORK LOCATI	NONE
1.		NEL	AHONSHII		V	VORK LOCALI	ON
<u> </u>							
2.							
3.							
HAVE YOU BEEN CONVICTED OF A PDO not answer YES if the only rea (a) If the conviction or plea resulte (b) If the record of the conviction (c) If the conviction is a misdemear discharged and the case has been (d) If the conviction is under Califor 11365, or 11550, or their statute HAVE YOU, OR TO YOUR KNOWLE LAW FOR SELLING OR SUPPLYING 1	ison for doing so is eid in a pre-trial or postas been judicially ornor conviction for when judicially dismissed in a Health & Safety ory predecessors which the property of the ANY PERSCIOBACCO PRODUCTS	ither: st-trial diversion dered sealed, ex nich probation h d pursuant to Po Code sections 1 ch relate to mar ON UNDER YOU S TO A MINOR T	program; or cpunged or stat las been success enal Code Section 1357(b) or (c), 1 ijuana conviction R SUPERVISION HAT WAS NOT	sutorily eradica sfully complete on 1203.4; or 11360(b) (form ons that occuri , EVER BEEN C OVERTURNED	eted; or ed or otherwise erly section 1136 red 2 or more yea ONVICTED OF A ON APPEAL, OR	50(c)), 11364, ars ago. VIOLATION OF C THE RECORD FO	CRIMINAL PR WHICH
VAS NOT JUDICIALLY ORDERED SE O CALIFORNIA PENAL CODE SECT						AL DIVERSION P	
F THE ANSWER TO EITHER OR BOT ANY OTHER PERSONS INVOLVED IN							NAMES OF
DATE AVAILABLE FOR MORE		TOTAL	LIQUIDS AVAILA	DIE DED MESK			
DATE AVAILABLE FOR WORK (You may list time needed for reli			HOURS AVAILAI e" time.) The majo			oons, evenings and	_ I weekends.
SUN	MON	TUES	WEI) Т	HURS	FRI	SAT
Earliest Time							
Latest Time							



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EDUCATION

NAME & ADDRESS OF SCHOOLS ATTENDED	FROM mo/yr	TO mo/yr		CIRCLE DE/LEVI		ST IPLETED	DEGREE/MAJOR
HIGH SCHOOL	X	X	9	10	11	12	
COLLEGE	-		1	2	3	4	
GRADUATE	-		1	2	3	4	
OTHER			1	2	3	4	

					1	2	3 4	
OTHER					1	2	3 4	
		RE	CORD OF U.S.A.	MILITARY AN	ID RESERVE STAT	rus		
ervice Dates								
ROM mo	yr	TO mo	yr Bra	nch	Reserve Unit		Meeting Dat	es
ummarize skills	, training or	qualifications:						
			PROFESSION A	AL/PERSONAI	L REFERENCES			
N/	AME		ADDRESS		PHONE NUM	BER	OCC	UPATION
.)								
							· ·	
2.)							_	
			EMPL	OYMENT HIS	TORY			
t each job held	during the l	ast seven (7) ye	ears with a minimum	of three (3) emp	olovers. Start with v	our presen	t or last job. Also	, include any per
unemploymen	t, military sei	rvice, and volur	nteer and/or part-tim					
story beyond se			CLIDEDVICORIC					DEACON FOR
EMPLOYMENT DATES (mo/yr)		PANY AND NG ADDRESS	SUPERVISOR'S NAME/PHONE	SALARY	YOUR JOB TIT	LE SPE	CIFIC JOB DUTIES	REASON FOR LEAVING
ROM				START				
0				FINAL				
ROM				START				
0				FINAL				
ROM				START				
0				FINAL				
ROM O	_			START FINAL				
ROM O				START FINAL				
lave you ever b f yes, Explain:	een fired fro	m a job or give	en an opportunity to	resign?	YesNo			
yes, Explain.								
	REA	D THE FOLL	OWING CAREFUI	LLY, THEN SIG	IN AND DATE TH	IE APPLIC	CATION	
se initial each o	f the followin	ng paragraphs:						
Certification	n: I certify that	the information	I provided on this applie eferences listed to provi	ication is true and	correct to the best of m	ny knowledg	e, and I agree to have	ve this information
they may ha	ave. I release al	II parties and per	sons, including the Com	npany, from any an	d all liability for any da	mages for p	roviding this inform	ation, consistent w
state and fe	deral law.							
At will emp	oloyment: I und	lerstand that not	hing in this application	is intended to be,	or is, an offer of emplo	yment or a p	promise of continued	d employment.
			the Company, my empless written agreement t					
or without	cause and/or n		of either me or the Con					
			y false statement or on result in my discharge t					
in the United S	States. I also ur	nderstand that th	nt is conditioned on sat is may include the Com ickground check, if app	pany's receipt of s	atisfactory responses to	reference r	equests, my passing	of any required dru

Interviewer Signature

Applicant Signature



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	APPLICATION INFORMATION	a som the salemay call historical ayes.				
To be completed by Applicant						
NAME (Required) First	Middle Initial	Last				
Race/Ethnic Group SELECT ONLY ONE	Application Date	Source Code				
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	Month Day Year Jan 2005 Feb 2006 Mar 0 2007 Apr 1 2008 May 2 2 Jun 3 2010 Jul 5 Aug 6 Sep 7 Oct 8 Nov 9 Dec 9	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				
Decline Disclosure						
TO BE	COMPLETED BY HIRING PERSONNEL	ONLY				
	(mark appropriate boxes)					
Job Group Codes	Disposition Codes	Interview Date				
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	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	Month Day Year Jan				
Other						



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.



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					
n 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 consume obtained by the Company.	r or investigative consumer report regarding me					
("Public Records"), the Company shall provide a copy	n, civil, judicial action, tax lien or outstanding judgment of the Public Records to you within 7 days after receipt is in oral or written form. You may waive your right to					
Yes, I waive my right to receive a copy of Pul	blic Records obtained by the Company.					
In the event that the Company obtains Public Records suspicion of wrongdoing or misconduct by you, the C completion of the investigation.						
Name (print)	Date					
Signature	Social Security Number					
Street Address						
City, State and Zip Code						