



APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone_(____)_____ Alternate Phone Number_(____)_____

Position Desired_____ Minimum Salary Desired_____

Date Available to Work_____ Availability Full Time Part Time Seasonal/Temp

Please indicate the hours you are available to work during both day and evening (ie. 7 - 12 am., 3 - 7 pm)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment, summer, and part-time jobs. All information should be completed. Please attach sheets if necessary.

Name & Address of Former Employer	Dates Employed	Position/Duties	Salary	Reason for Leaving
Company Name <small>Phone</small> _____ Street _____ City & State <small>Zip Code</small>	From <small>Mo./Yr.</small> To <small>Mo./Yr.</small>	_____ Supervisor's Name	Starting \$ Leaving \$	
Company Name <small>Phone</small> _____ Street _____ City & State <small>Zip Code</small>	From <small>Mo./Yr.</small> To <small>Mo./Yr.</small>	_____ Supervisor's Name	Starting \$ Leaving \$	
Company Name <small>Phone</small> _____ Street _____ City & State <small>Zip Code</small>	From <small>Mo./Yr.</small> To <small>Mo./Yr.</small>	_____ Supervisor's Name	Starting \$ Leaving \$	
Company Name <small>Phone</small> _____ Street _____ City & State <small>Zip Code</small>	From <small>Mo./Yr.</small> To <small>Mo./Yr.</small>	_____ Supervisor's Name	Starting \$ Leaving \$	

Have you filed an application here before? Yes No If yes, provide date _____

Have you ever been employed here before? Yes No If yes, provide date _____

Can you travel if a job requires it? Yes No Store location desired _____

Do you know anyone presently working for our Company? Yes No

If yes, identify by name(s), position and location:

Are you employed now? Yes No May we contact your present employer? Yes No

Current Position Held _____

References (Not Relatives)

Name	Occupation
Address	Telephone Number
Name	Occupation
Address	Telephone Number
Name	Occupation
Address	Telephone Number

Education

	Name	Address	No. of Years Attended	Degree
High School				
College(s)				
Additional Training (i.e. graduate school, trade school)				

Special Skills and Qualifications

List special skills and qualifications acquired from employment or other experiences such as specific office skills, machines used, computer/software programs etc.

Referral Source

<input type="checkbox"/> Walk-In Applicant	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Employee Referral Name _____
<input type="checkbox"/> Employment Agency Name _____	<input type="checkbox"/> School/College Name _____	<input type="checkbox"/> Other (please list) _____

Why are you interested in working for our Company?

What strengths and skills would you bring to our Company?

What didn't you like about your previous jobs?

Medical Information

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination (or drug test) at Company expense and by a Company-chosen official or physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may undergo a medical (or drug test) examination at Company expense and by a Company chosen official or physician. I authorize the official or physician conducting the examination and any laboratory testing any specimen obtained by the official or physician to disclose the results of the examination and the laboratory test to the Company.

Applicant's Initials

Are you able to perform the essential functions of the job with or without reasonable accommodation? _____

Note

It is the policy of this Company to hire only U.S. citizens and aliens who are authorized to work in this country. *(As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9)*

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, when discovered, will subject me to discharge. I authorize the Company to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for the Company's consideration of my application for employment, I hereby release the Company and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by the Company regarding my work history, education, character, reputation, and background.

This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice.

Applicant's Signature

Application Date