



Store Name & No.

# Employment Application

**OUR EMPLOYMENT POLICY** – Equal opportunity for all without discrimination of race, color, creed, sex, age, handicap, or national origin.

Today's Date:

Name Last First Middle Initial Social Security No.

Present Address Street City State Zip Code How long at address? Phone No. Home: Work:

Prior Address Street City State Zip Code How long at address? Can you after employment submit verification of your legal right to work in the United States? Yes  No

Position Applied for: Other positions for which you qualified: Schedule desired:  Part time Days  Full time Days  Part time Evenings  Full time Evenings  Weekends When can you start?

Do you have any physical condition or handicap which may limit your ability to perform the job applied for? If yes, what can be done to accommodate your limitation? Have you been convicted of a felony in the last ten years? Yes  No  If so, please give details. Convictions will not necessarily disqualify applicant from employment.

List all friends and relatives currently working for us and their location: Are you currently employed? Full time  Part time  No

How were you referred to us? Have you undergone a name change that would hinder our ability to check your previous work history and/or education records? Yes  No  If yes, please explain:

## WORK HISTORY

List Your Previous Experience Beginning With Your Most Recent Position:

Start Date / /	Employer Name	Starting Position	Starting salary \$	List Major Duties
Date Left / /	Address	Final Position	Final Salary \$	
List Three Management References:	1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone	Reason for Leaving
Start Date / /	Employer Name	Starting Position	Starting salary \$	List Major Duties
Date Left / /	Address	Final Position	Final Salary \$	
List Three Management References:	1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone	Reason for Leaving
Start Date / /	Employer Name	Starting Position	Starting salary \$	List Major Duties
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## EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	CIRCLE HIGHEST GRADE COMP.	COURSE OF STUDY	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
High School		9 10 11 12			
College		13 14 15 16			
Other (specify)		17 18 19 20			
Business or Trade		1 2 3 4			
		1 2 3 4			

## SPECIAL SKILLS

- Typing \_\_\_\_\_ (WPM)       Computers  
 Word Processing Equipment \_\_\_\_\_       Other skills \_\_\_\_\_

## AVAILABILITY

HOURS AVAILABLE FOR WORK	COMMENTS
MON FROM _____ TO _____	
TUES FROM _____ TO _____	
WED FROM _____ TO _____	
THUR FROM _____ TO _____	
FRI FROM _____ TO _____	
SAT FROM _____ TO _____	
SUN FROM _____ TO _____	

NOTE: Store work schedules are based upon the needs of the business, and may be subject to change on a weekly basis.

## ACADEMIC AND PROFESSIONAL ACTIVITIES AND ACHIEVEMENTS

Academic and Professional Activities and Achievements, Awards, Publications, Professional Societies.  
 Exclude organizations which indicate race, creed, color, sex, age, handicap, or national origin of its members.

### IMPORTANT: Read Carefully

Information contained in this application is correct to the best of my knowledge and I understand that falsification and/or omission of this information may result in dismissal in accordance with company policy. The company in considering my application for employment may verify the information set forth on this application and obtain additional information relating to my background I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background, and release all parties from all liability for any damage that may result from furnishing same to you. In accepting employment, I acknowledge that the policies, benefits and other programs listed in the benefits booklet and policy manuals do not infer or imply a contract of employment between the company and myself. I realize the aforementioned benefits, policies, and programs are provided at company discretion and may be changed or eliminated at any time. In consideration of employment, I agree to conform to the rules and regulations of the Company. I also realize that my first 90 days of employment is considered to be a probationary period, and thereafter at will, during which time my employment and compensation can be terminated, with or without notice, at any time, at the option of either the company or myself.

### I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Do not Print)

Please Do Not Write Below This Line

#### Post employment information:

MARTIAL STATUS	Divorced Married	Single Separated	Widowed	BIRTHDATE	SPOUSE'S NAME (If Applicable)
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In case of emergency, notify: Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_