

- EMPLOYER'S USE -

\_\_\_\_\_  
STORE NO.

STARTING DATE \_\_\_\_\_ PAY \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

- EMPLOYER'S USE -

\_\_\_\_\_  
EMPLOYEE NO.

\_\_\_\_\_  
POSITION

(PLEASE ANSWER ALL QUESTIONS)

THIS ORGANIZATION IS AN EQUAL OPPORTUNITY EMPLOYER. FEDERAL AND STATE LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT PRACTICES BECAUSE OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. NO QUESTIONS ON THIS APPLICATION ARE ASKED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT BECAUSE OF HIS OR HER RACE, COLOR, RELIGION, SEX OR NATURAL ORIGIN.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

DATE					HOME PHONE	BUSINESS PHONE	SOCIAL SECURITY NO.
NAME - PRINT IN FULL		(LAST)	FIRST	MIDDLE			
PRESENT	(NUMBER)	(STREET)	(CITY)	(STATE)	(ZIP CODE)	HOW LONG HAVE YOU LIVED THERE?	
PREVIOUS ADDRESS	(NUMBER)	(STREET)	(CITY)	(STATE)	(ZIP CODE)	HOW LONG DID YOU LIVE THERE?	

### GENERAL INFORMATION

DO YOU HAVE ANY PHYSICAL CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE PARTICULAR JOB FOR WHICH YOU ARE APPLYING? \_\_\_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_

HAVE YOU HAD ANY RECENT OR PAST ILLNESS OR OPERATIONS WHICH MIGHT HINDER YOUR ABILITY TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU HAVE APPLIED? \_\_\_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_

DO YOU HAVE ANY HOBBY(S) THAT HAS DIRECT BEARING ON THE JOB YOU ARE SEEKING? _____	HAVE YOU EVER BELONGED TO A CLUB, ORGANIZATION, SOCIETY, OR PROFESSIONAL GROUP WHICH HAS A DIRECT BEARING UPON YOUR QUALIFICATIONS FOR THE JOB FOR WHICH YOU ARE APPLYING? _____
IF YES, PLEASE EXPLAIN _____	IF YES, DESCRIBE _____
REFERRED BY: _____	

LIST NAMES OF ANY FRIENDS OR RELATIVES NOW EMPLOYED BY THIS COMPANY \_\_\_\_\_

### EDUCATION

NAME OF SCHOOL OR COLLEGE	WHERE LOCATED	CIRCLE LAST YEAR COMPLETED	GRADUATE	
			YES	NO
HIGH SCHOOL		9 10 11 12		
COLLEGE OR UNIVERSITY		1 2 3 4	DEGREE	
BUSINESS TECHNICAL OR OTHER TRAINING			YES	NO

ARE YOU CURRENTLY STUDYING?	<input type="checkbox"/> YES	WHAT	WHERE	DO YOU PLAN TO RETURN TO SCHOOL?	<input type="checkbox"/> YES
	<input type="checkbox"/> NO				<input type="checkbox"/> NO

### EMPLOYMENT DESIRED

POSITION APPLYING?	WHEN CAN YOU REPORT FOR WORK?	STARTING SALARY EXPECTED?
EVER APPLY TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
		PAST EMPLOYERS? <input type="checkbox"/> YES <input type="checkbox"/> NO

### REFERENCES

( GIVE THE NAMES AND ADDRESSES OF THREE PERSONS WHO KNOW YOU WELL AND TO WHOM WE MAY REFER - NO RELATIVES )

NAME	ADDRESS	PHONE NO.	YEARS ACQUAINTED	OCCUPATION

## FORMER EMPLOYERS

GIVE INFORMATION REGARDING ALL PREVIOUS EMPLOYMENT – INCLUDING MILITARY SERVICE

EMPLOY- MENT	NAME & ADDRESS OF COMPANY	DATES		JOB AND DUTIES (BRIEF EXPLANATION)	NAME & PHONE NUMBER OF SUPERVISOR	MONTHLY SALARY	REASON FOR LEAVING
		FROM	TO				
PRESENT OR LAST	1	MO/YR	MO/YR				
NEXT PREVIOUS	2						
NEXT PREVIOUS	3						
NEXT PREVIOUS	4						
US MILITARY	BRANCH			HIGHEST RANK	DUTY SPECIALTY		

Please indicate the days and time that you can work.

MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_  
 If hours are not flexible, why? \_\_\_\_\_ Student: (F/P) \_\_\_\_\_

Do you have your own transportation (car) to get to work? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If not, how do you expect to get to work? \_\_\_\_\_

Have you ever had your driving privilege suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes: When \_\_\_\_\_ Where \_\_\_\_\_ Why \_\_\_\_\_

Have you ever been bonded before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes: When \_\_\_\_\_ Where \_\_\_\_\_

Have you ever been convicted? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes: Where \_\_\_\_\_ Why \_\_\_\_\_

Have you ever been dismissed from employment for cause? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes: When \_\_\_\_\_ Where \_\_\_\_\_ Why \_\_\_\_\_

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I RELEASE FROM ALL LIABILITY ALL PERSONS, COMPANIES, AND CORPORATIONS SUPPLYING SUCH INFORMATION AND I INDEMNIFY THIS EMPLOYER AGAINST ANY LIABILITY WHICH MIGHT RESULT FROM MAKING SUCH INVESTIGATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. IF EMPLOYED BY THIS EMPLOYER, AND IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO ITS RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION IS FOR NO DEFINITE PERIOD, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES, AND CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE OPTION OF EITHER THIS EMPLOYER OR MYSELF. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THIS EMPLOYER, AND THAT NO REPRESENTATIVE OF THIS EMPLOYER (OTHER THAN

\_\_\_\_\_ AND THAN ONLY WHEN IN WRITING AND SIGNED BY SUCH PERSON) HAS ANY AUTHORITY TO ENTER INTO AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I HEREBY AUTHORIZE THE COMPANY TO CONDUCT AN INVESTIGATIVE CONSUMER REPORT ON ME, AS DEFINED IN PUBLIC LAW 91-508, AND I UNDERSTAND THAT SUCH REPORT MAY INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT IF ANY INQUIRY IS MADE, MORE INFORMATION AS TO ITS NATURE AND SCOPE WILL BE SUPPLIED UPON WRITTEN REQUEST.

DATE	SIGNATURE
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(DO NOT WRITE BELOW THIS LINE)

DATE	INTERVIEWED BY	POSITION CONSIDERED
COMMENTS		