



## Application for Employment

◆ Must Be Completed Even If Attaching Resume ◆  
 This application will **ONLY** be effective for 45 days

**AN EQUAL OPPORTUNITY EMPLOYER**  
 The Company is an equal opportunity employer. The company will not under any circumstances discriminate against a team member or Applicant with regard to race, age, sex, national origin, religion, disability or any other status protected by law.

Please print all information and complete all sections of this application. Read the statements on the last page and sign your name.

**Applicant Data** Date Available to Start work:

Last Name First Name Middle Initial SS#

Present Address – Number & Street Apt #

City State ZIP Code

How long have you lived at present address? Years Months

Home Telephone Number ( ) Cellular Telephone Number (optional) ( )

Have you worked for the Company before?  Yes  No

If yes,  
 Dates Employed: Location: Position: Reason for your Separation:

Are you employed at present?  Yes  No Have you ever been discharged from work ?  Yes  No

Are you currently on a leave of absence or lay off from any company?  Yes  No

Do you have any relatives working for the Company?  Yes  No If yes, who:

Are you willing to work: Full Time?  Yes  No Part Time?  Yes  No

Weekends?  Yes  No Evenings?  Yes  No

Are you 18 years of age or older?  Yes  No

**Hours you are available to work**

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Starting Time							
Ending Time							
Any Shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What position(s) are you applying for?**

Salary Desired:

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Are you willing to relocate?  Yes  No If yes, Desired Geographic Area: \_\_\_\_\_

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**HAVE YOU EVER BEEN CONVICTED OF A CRIME, INCLUDING GUILTY AND NOLO CONTENDERE PLEAS?\*** (Do not include traffic violations, sealed, annulled, or expunged records. An answer of yes to this question will not automatically disqualify you from consideration for employment. Factors such as the date and seriousness of the offense, and the relationship between the conviction and the duties/ responsibilities of the applied for position, will be considered.)

Yes  No Offense: \_\_\_\_\_ When: ?

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Have you ever served in the U.S. Military:  Yes  No If yes, please complete the following:

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Branch of Service \_\_\_\_\_ Dates: \_\_\_\_\_

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Are you legally eligible to work in the U.S.A.?  Yes  No If No, can you provide a work permit  Yes  No

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Will you now or in the future require sponsorship for employment visa status?  Yes  No

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**How did you hear about career opportunities at \_\_\_\_\_? Please select the appropriate category?**

**Media Advertisement**

- Newspaper/Job Ad  Radio Job Ad
- Brochure/Handout  Direct Mail
- Newspaper/Job Ad

**Career Fair**

- Local Job Fair

**On-line**

- Website  CareerBuilder.com
- Other

**Referral**

- Employee Referral  Family/Friend Referral
- Community Event  Youth School Program

**Store**

- Store Hiring Sign  On-hold phone message
- Facility announcement

**Career Services**

- College  Technical School
- High School  Other

**Education and Training**

Name and address of High School, College, University or Technical Training. <i>List most recent first.</i>	Years Completed	Degree, Diploma or Certificate	Major Field	Degree Rec'd
_____ _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ _____				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional Skills and Qualifications**

Please list any special skills or qualifications that would enhance your work at the Company:

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**References**

Give the names of four professional references whom you have known for at least one year.

Name	Address (Street/City/State/Zip)	Phone	Occupation / Relationship

## Work Experience

List below your most recent employers, beginning with current or most recent one.

<b>1</b>	<b>EMPLOYER</b>	Starting Date		Date of Leaving		Leaving Pay	Job Title
Name of Company		Month	Year	Month	Year		
Street Address		Supervisor's Name		What kind of work did you do?			
City, State, ZIP		Supervisor's Title		Phone Number ( )			
Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, may we contact them at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Why did you leave?							
<b>2</b>	<b>EMPLOYER</b>	Starting Date		Date of Leaving		Leaving Pay	Job Title
Name of Company		Month	Year	Month	Year		
Street Address		Supervisor's Name		What kind of work did you do?			
City, State, ZIP		Supervisor's Title		Phone Number ( )			
Why did you leave?							
<b>3</b>	<b>EMPLOYER</b>	Starting Date		Date of Leaving		Leaving Pay	Job Title
Name of Company		Month	Year	Month	Year		
Street Address		Supervisor's Name		What kind of work did you do?			
City, State, ZIP		Supervisor's Title		Phone Number ( )			
Why did you leave?							
<b>4</b>	<b>EMPLOYER</b>	Starting Date		Date of Leaving		Leaving Pay	Job Title
Name of Company		Month	Year	Month	Year		
Street Address		Supervisor's Name		What kind of work did you do?			
City, State, ZIP		Supervisor's Title		Phone Number ( )			
Why did you leave?							
State reason for and length of inactivity between present application date and last employer.							

## Notification and Agreement

**Important –PLEASE READ AND SIGN THE FOLLOWING:**

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### **By Signing This Application, You Indicate That You Understand And Agree To The Following:**

Applicant hereby certifies that the answers to the foregoing questions are true and correct. I agree if the information is found to be false in any respect including omission of information, I will be subject to dismissal without notice. I authorize you to investigate all information in this application. I hereby authorize my former employers to release information pertaining to my work record, habits and performance. I understand that additional background investigation may be necessary.

Should I become an employee of the Company, I understand that my employment will be for no definite term, such that I will enjoy the right to terminate my employment at any time, at my convenience, with or without cause or reason. I further understand that the Company will have the same right. I understand that I am expected to comply with all Company rules and regulations, but that such rules do not create a contract between me and the Company. I understand and agree that any handbook I receive will not constitute an employment contract, but will a statement of the Company's current policies.

I understand that before any offer of employment is finalized, I may be required to submit to a background check and drug testing. I also understand that I may be denied employment, or that I may be terminated if I have already commenced work, based on the results of the background check and/or drug testing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Last Name

First Name

Middle Name

Social Security Number