

APPLICATION FOR EMPLOYMENT



AN EQUAL OPPORTUNITY EMPLOYER



PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY NUMBER _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. () _____ ARE YOU AT LEAST 18 YEARS OR OLDER? YES NO IF NO, A YOUTH EMPLOYMENT

CERTIFICATE IS REQUIRED, IF HIRED _____ ARE YOU ELIGIBLE TO WORK IN THE USA? YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ PAY RATE DESIRED _____

STORE LOCATION YOU ARE APPLYING FOR:

<input type="checkbox"/> 1451 D. University Dr.	<input type="checkbox"/> 314 Crossroads Blvd.	<input type="checkbox"/> 8036 Providence Rd.
<input type="checkbox"/> 4271 B Park Rd.	<input type="checkbox"/> 14136 Rivergate Pkwy.	<input type="checkbox"/> 8200 Renaissance Pkwy.
<input type="checkbox"/> 2431 Battleground Ave.	<input type="checkbox"/> 5426-B New Hope Commons Dr.	<input type="checkbox"/> 3160 S. Evans St.
<input type="checkbox"/> 209 Eastchester Dr.	<input type="checkbox"/> 9747 Sam Furr Rd., Ste. B	<input type="checkbox"/> 4120 Main @ North Hills St.
<input type="checkbox"/> 3501 Oleander Dr.	<input type="checkbox"/> 3401 Raleigh Road Pkwy.	<input type="checkbox"/> 414 S. Stratford Rd.
<input type="checkbox"/> 3025 Market Center Dr.		

ARE YOU EMPLOYED? YES NO IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

EVER WORKED FOR THIS COMPANY BEFORE? YES NO WHERE? _____ WHEN REFERRED BY _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS COMPLETED	DID YOU GRADUATE	SUBJECT STUDY OR TYPE OF DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDANCE SCHOOL				

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND TELEPHONE NO. OF EMPLOYER	SALARY OR HOURLY RATE	POSITION	REASON FOR LEAVING

REFERENCES: GIVE THE NAMES OF THREE JOB RELATED PERSONS THAT WE CAN CONTACT

NAME	COMPANY NAME	TELEPHONE #	YEARS AQUAINTED
1.			
2.			
3.			

PRE EMPLOYMENT QUESTIONNAIRE

1. Type of employment desired: (circle your choice) Full time Part time

Minimum and maximum hours desire per week _____ Minimum _____ Maximum

2. Are you available to work weekends, anytime between 9 a.m. – 9p.m. Saturday 12 p.m. – 6p.m. Sunday? Y or N

3. Are you available to work in the months of August and December? Y or N

4. Are you available to work the day after Thanksgiving, Christmas Eve and Christmas? Y or N

5. What sports activities are you involved in? _____

IN CASE OF

EMERGENCY NOTIFY **NAME** **ADDRESS** **PHONE #**

“I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.”

“IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY’S POLICIES AND PROCEDURES, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY’S OPTION. 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 THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT’S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.”

DATE: _____ SIGNATURE: _____