

(THIS APPLICATION IS VALID FOR ONLY 30 DAYS FROM DATE SUBMITTED TO THE STORE)

All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling is this application form. It is the policy and practice of this Company to provide all applicants for employment with equal employment with equal employment opportunities without regard to age, race, religion, color, sex, national origin, disability or any status or condition protected by applicable law.

DATE: _____

Personal Information (Please Print)

First Name:	Last Name:	Middle:	
Address:	City:	State:	Zip:
Phone:	Day Phone (If Different):	Social Security Number:	

Employment Information

Position for which you are applying _____

Are you employed at the present time? _____ If yes, please complete the information below:

Employer's Name: _____

Employer's Address: _____

1. How long have you been with this employer? _____ Present Salary: _____

2. If offered a position, when can you report for work? _____

3. If hired can you show proof of your legal right to work in the U.S. ? _____

4. Languages Spoken _____

5. Have you ever worked at the company before? _____ If yes, when? _____

6. Have you ever been dismissed, or asked to resign from any position? _____

7. Have you ever been convicted of a felony, or a misdemeanor which resulted in imprisonment? _____

**A yes answer to the above question does not necessarily disqualify an applicant from employment.

If yes to number 6 or 7, please explain:

8. List any special skills or abilities related to the job applied for:

Education			
High School	School Name	City & State of School	Course of Study
	No. of Years Completed	Did you Graduate?	Degree/Diploma
College / University	School Name	City & State of School	Course of Study
	No. of Years Completed	Did you Graduate?	Degree/Diploma
Business / Technical	School Name	City & State of School	Course of Study
	No. of Years Completed	Did you Graduate?	Degree/Diploma
Other (Specify)	School Name	City & State of School	Course of Study
	No. of Years Completed	Did you Graduate?	Degree/Diploma

Professional References (Not relatives or supervisor's listed on previous page)

Name:	Relationship to Applicant:	Address:	Phone Number:

READ BEFORE SIGNING

This company does not discriminate on the basis of race, creed, national origin, sex, color, age, or non-job related disability. However we insist that all of our employees can perform the essential functions of their employment and have the character, integrity, and general reputation of honesty of a person we would be willing to have represent our company in its dealings with our clients, affiliates, suppliers and/or other employees. Accordingly, we insist on complete honesty. ANY LATER DISCOVERY THAT AN APPLICANT WAS NOT HONEST IN COMPLETING THIS APPLICATION WILL BE GROUNDS FOR DISCHARGE.

AFFIDAVIT:

I authorized or instruct this company to make whatever inquiries it deems necessary (of any former employer, personal reference, or school official named in this application or referred by a person named in this application) in order to verify any information in my application and/ or determine my qualifications and abilities and I agree to release and hold harmless those entities and this company from any and all liability arising from the release of such information. I understand that such inquires may include information as to my character, general reputation or personal characteristics. Statements I made on the application are true and complete. I understand that if, in the judgment of the Company, I have made any false statements, omissions, concealments, any misrepresentations, or I have failed to answer any questions fully, and accurately, or results of such investigation are not satisfactory, any offer made by the Company may be terminated immediately, without any obligation to me other than for payment at the rate agreed upon for services rendered. I agree to conform to the rules and regulations of the Company, and understand that my employment and compensations can be terminated, with or without cause and with or without notice, at any time, at the option of either the Company or myself. I further understand that no personal recruiter or interviewer or other representative of the Company has any authority to enter into any agreement for employment for any specified period of time unless such agreement is in writing and signed by the Company's designated representative. **Further more, if I have any work related injury while on company time I will be required to take a drug test immediately after the injury while I am still in the hospital. If I have a work related injury and I am out for more than 8 days, I will be required to take and pass a drug test before I return to work. I understand failure to comply with taking and/or passing such tests will be grounds for immediate termination.**

Authorized Signature of Applicant: _____ Date: _____