

APPLICATION FOR EMPLOYMENT

This Company is an equal opportunity employer. This Company seeks and employs qualified persons in all job classifications and positions without discrimination on the basis of race, religion, sex, national origin, age, disability or other legally prohibited ground. If you believe your equal employment rights have been violated, you may contact the Equal Employment Opportunity Commission or the appropriate state or local EEO agency.

This application will remain active for a period of _____ days. After that time, it must be renewed by the applicant if the applicant wishes to be reconsidered for employment.

Please do not provide any medical information when responding to any question on this application.

PERSONAL INFORMATION

Name _____ Birthdate (mon/day only) ___/___

Address _____

City _____ State _____ Zip _____ Phone No. _____

Are you 21 years of age or older? Yes No Position Desired: _____

Desired Starting Pay: _____ Date Available: _____

Shift Preference: 1st 2nd 3rd

Have you worked for this Company before? Yes No If yes, what were the circumstances of your departure? _____

Working various hours and various shifts may be required in the course of your employment. How many hours per week do you want to work? _____ What days do you want to work? _____

Note: Employees may be required to work other than those choices preferred or assigned.

Do you have reliable transportation to work as scheduled? Yes No

Lifting items up to 50 lbs may be required in the course of your employment. Can you do this on your own or with a reasonable accommodation? Yes No (Note: Applicants will not necessarily be disqualified if they are unable to perform a particular job duty.)

Constant physical activity (assisting customers, stocking shelves, cleaning store and property, etc.) is necessary. Are you able to perform duties of this type throughout the entire shift on your own or with a reasonable accommodation? Yes No

Any offer of employment is contingent upon presentation of one or more of the original documents required by the Immigration Reform and Control Act.

WORK EXPERIENCE

1

Name of Present or Last Employer		Telephone Number	Address City State	
Starting Date Month Year	Leaving Date Month Year	Job Title	Name of Supervisor (Present or last)	
Phone No.	Job Description and Responsibilities			

Explain reasons/circumstances for changing or wanting to change jobs.

If we contact this employer, would you expect them to say they would rehire you at the position you last held there? Yes No
Explain:

2

Name of Present or Last Employer		Telephone Number	Address City State
Starting Date Month Year	Leaving Date Month Year	Job Title	Name of Supervisor (Present or last)
Phone No.	Job Description and Responsibilities		

Explain reasons/circumstances for changing or wanting to change jobs.

If we contact this employer, would you expect them to say they would rehire you at the position you last held there? Yes No
Explain:

3

Name of Present or Last Employer		Telephone Number	Address City State
Starting Date Month Year	Leaving Date Month Year	Job Title	Name of Supervisor (Present or last)
Phone No.	Job Description and Responsibilities		

Explain reasons/circumstances for changing or wanting to change jobs.

If we contact this employer, would you expect them to say they would rehire you at the position you last held there? Yes No
Explain:

4

Name of Present or Last Employer		Telephone Number	Address City State
Starting Date Month Year	Leaving Date Month Year	Job Title	Name of Supervisor (Present or last)
Phone No.	Job Description and Responsibilities		

Explain reasons/circumstances for changing or wanting to change jobs.

If we contact this employer, would you expect them to say they would rehire you at the position you last held there? Yes No
Explain:

May we contact the employers listed? Yes No If no, which employers would you prefer not be contacted?

LIST EDUCATION, TRAINING, EXPERIENCE AND EQUIPMENT OPERATING ABILITIES (CASH REGISTER, TYPEWRITER, ETC.)
RELEVANT TO THE POSITION APPLIED FOR:

1. _____
2. _____
3. _____
4. _____

Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please explain the circumstances in detail: _____

Attach additional pages if necessary. (A conviction record will not necessarily be a bar to employment and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)