



STORE USE ONLY: APPLICATION WAS DROPPED OFF AT STORE# _____  
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# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE  
 REQUIRED PROOF OF YOUR ELEGIBILITY TO WORK? \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
 IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? \_\_\_\_\_

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_

MAY WE CONTACT YOUR CURRENT EMPLOYER? \_\_\_\_\_

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? \_\_\_\_\_

CAN YOU TRAVEL IF A JOB REQUIRES IT? \_\_\_\_\_

ON WHAT DATE WOULD YOU BE AVAILABLE TO BEGIN WORK? \_\_\_\_\_

ARE YOU AVAILABLE FOR:      FULL TIME    PART TIME    SEASONAL    PERMANENT  
 (CIRCLE ANY THAT APPLY)

# EDUCATION

HIGH SCHOOL NAME & LOCATION: \_\_\_\_\_

DIPLOMA OR EQUIVALENT? \_\_\_\_\_

COLLEGES AND OR UNIVERSITIES ATTENDED: \_\_\_\_\_

DIPLOMA OR DEGREE? \_\_\_\_\_

GRADUATE OR PROFESSIONAL STUDIES: \_\_\_\_\_

TRADE SCHOOL OR OTHER EDUCATION: \_\_\_\_\_

PLEASE LIST ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND OR WRITE,  
AND INDICATE YOUR LEVEL OF FLUENCY. \_\_\_\_\_

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, OR SKILLS: \_\_\_\_\_

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY: \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR MOST RECENT JOB. DO NOT OMIT OR EXCLUDE ANY JOBS.

EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ FINAL PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ FINAL PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ FINAL PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ FINAL PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES:**

PLEASE LIST PERSONAL REFERENCES: PEOPLE WHO ARE NOT RELATED TO YOU AND ARE NOT FORMER EMPLOYERS:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

PLEASE EXPLAIN WHAT INTERESTS YOU ABOUT THIS EMPLOYMENT OPPORTUNITY.

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PLEASE DESCRIBE ANY PHOTOGRAPHIC EXPERIENCE YOU HAVE.

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PLEASE DESCRIBE ANY RETAIL AND CASH HANDLING EXPERIENCE YOU HAVE.

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PLEASE DESCRIBE ANY CUSTOMER SERVICE OR SALES EXPERIENCE YOU HAVE.

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## **APPLICANT'S STATEMENT**

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HERBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGAIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY THE OWNER, GENERAL MANAGER, OR HUMAN RESOURCES OF THIS ORGANIZATIONOF THIS ORGANIZATION. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATION OF THE EMPLOYER. I UNDERSTAND MY APPLICATION IS ONLY VALID FOR 90 DAYS FROM THIS DATE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_