



STORE USE ONLY:

APPLICATION WAS DROPPED OFF AT STORE# _____

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)

HAVE YOU BEEN CONVICTED OR PLEAD GUILTY OF A FELONY? _____

(CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT)

TYPE _____

STATE & COUNTY: _____

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.

PLEASE DESCRIBE ANY PHOTOGRAPHIC EXPERIENCE YOU HAVE.

PLEASE DESCRIBE ANY RETAIL AND CASH HANDLING EXPERIENCE YOU HAVE.

PLEASE DESCRIBE ANY CUSTOMER SERVICE OR SALES EXPERIENCE YOU HAVE.

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 _____