



WE ARE AN EQUAL OPPORTUNITY EMPLOYER and fully subscribe to the principals of Equal Employment Opportunity. In order to ensure a drug free work place an applicant may be required to pass a physical examination before receiving final acceptance for employment.

Date: _____

Type of Work Sought: _____

Full Time _____ Part Time _____ Seasonal _____

DO YOU USE TOBACCO PRODUCTS OF ANY KIND? YES NO If "YES", Proceed No Further. Only Non-Users May Apply.

Name	Last	First	Middle	Are You Under 16 yrs. or Over 70 yrs. of Age?	Telephone Number
Current Address			City	State	Zip
Most Recent Previous Address			City	State	Zip

EMPLOYMENT RECORD - List Your Last Four (4) Employers (Including Military Service) Giving Last or Present Employer First. DO NOT OMIT ANY EMPLOYMENT

Note: State Reason for Any Length of Inactivity Between Present Application Date and Last Employer.

Company 1.	Address	City & State	Phone Number	Employed From: To:	Did You Supervise Others? Yes _____ No _____
Supervisor's Name and Title		Type of Work at Start		Type of Work When Leaving	
Starting Salary _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly Leaving Salary _____	Reason for Leaving				

Note: State Reason for Any Length of Inactivity Between Present Application Date and Last Employer.

Company 2.	Address	City & State	Phone Number	Employed From: To:	Did You Supervise Others? Yes _____ No _____
Supervisor's Name and Title		Type of Work at Start		Type of Work When Leaving	
Starting Salary _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly Leaving Salary _____	Reason for Leaving				

Note: State Reason for Any Length of Inactivity Between Present Application Date and Last Employer.

Company 3.	Address	City & State	Phone Number	Employed From: To:	Did You Supervise Others? Yes _____ No _____
Supervisor's Name and Title		Type of Work at Start		Type of Work When Leaving	
Starting Salary _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly Leaving Salary _____	Reason for Leaving				

Note: State Reason for Any Length of Inactivity Between Present Application Date and Last Employer.

Company 4.	Address	City & State	Phone Number	Employed From: To:	Did You Supervise Others? Yes _____ No _____
Supervisor's Name and Title		Type of Work at Start		Type of Work When Leaving	
Starting Salary _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly Leaving Salary _____	Reason for Leaving				

Special Skills and Qualifications (Including Equipment With Which You Have Had Experience)

Have You Ever Made Application for Employment With This Store? If Hired, List Employment Dates.

Name Any Friends or Relatives Now Working or Who Have Previously Worked for Our Store.

Are There Any Hours or Days You Would Be Unable to Work?
If So, Explain

Have You Ever Been Convicted Of A Crime? If Yes, Please Explain.

Do You Have Valid Documents to Prove Identity and Employment Eligibility to Work in the United States?

YES NO

PERSONAL REFERENCES - List Three (3) Character References Other Than Relatives or Former Employers Who Have Known You for the Past Three (3) Years

Name	Address	Occupation (If Known)	Phone Number (If Known)
1.			
2.			
3.			

The information on both sides of this application is true and correct to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for separation from the company if employed. In connection with this application, you are authorized to inquire from former employers, personal references and police records as to my character and abilities.

I agree: If employed, I will conform to the policies and regulations of this store.

In consideration of my employment by this store I, the Undersigned, agree and consent that any wages which may be due me may be applied against any indebtedness I may incur to this Store.

Date _____

Applicants Signature _____

ALL EMPLOYEES CAN BE TERMINATED AT THE WILL OF THE COMPANY WITH OR WITHOUT CAUSE.

Interviewer's Comments _____

