

EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.	Desired Salary
Position Applied for			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list up to three references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

List all violations on your driving record within last 3 years and approx. dates.	Driver's License Number -
	State-
	Expiration-
	Phone ()

NOTE: If you are hired a motor vehicle report will be obtained from the State of Ohio.

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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Part of the activities required to maintain and operate a retail store involve duties or tasks that are often overlooked when describing a specific job.

Please indicate your feelings regarding these tasks and duties by placing an "X" in the appropriate box.

If you answer no to a question below, please list question # and explain on back.

Would you be willing and able to:	YES	NO
1. Stock and dust shelves?	<input type="checkbox"/>	<input type="checkbox"/>
2. Dress to our standards everyday. (No shorts)	<input type="checkbox"/>	<input type="checkbox"/>
3. Approach all customers with a smile?	<input type="checkbox"/>	<input type="checkbox"/>
4. Clean the bathrooms?	<input type="checkbox"/>	<input type="checkbox"/>
5. Sweep and Mop the floors?	<input type="checkbox"/>	<input type="checkbox"/>
6. Smoke in designated areas only?	<input type="checkbox"/>	<input type="checkbox"/>
7. Maintain a POSITIVE attitude?	<input type="checkbox"/>	<input type="checkbox"/>
8. Stand on your feet for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>
9. Operate a computerized register?	<input type="checkbox"/>	<input type="checkbox"/>
10. Clean windows and glass?	<input type="checkbox"/>	<input type="checkbox"/>
11. Work weekend and evening hours?	<input type="checkbox"/>	<input type="checkbox"/>
12. Move boxes and stock safely?	<input type="checkbox"/>	<input type="checkbox"/>
13. Make phone calls to people you don't know?	<input type="checkbox"/>	<input type="checkbox"/>
14. Work at a QUICK pace?	<input type="checkbox"/>	<input type="checkbox"/>
15. Work well with your teammates?	<input type="checkbox"/>	<input type="checkbox"/>
16. Report to work ON TIME when scheduled?	<input type="checkbox"/>	<input type="checkbox"/>
17. Answer the phone to our standards?	<input type="checkbox"/>	<input type="checkbox"/>
18. Work outside in incimate weather?	<input type="checkbox"/>	<input type="checkbox"/>
19. Get dirty?	<input type="checkbox"/>	<input type="checkbox"/>
20. Lift up to 40 lbs?	<input type="checkbox"/>	<input type="checkbox"/>
21. Suggestive Sell?	<input type="checkbox"/>	<input type="checkbox"/>
22. Try new things and new jobs?	<input type="checkbox"/>	<input type="checkbox"/>
23. Leave your personal life at home?	<input type="checkbox"/>	<input type="checkbox"/>

On the chart below, please indicate the hours and days you are willing and able to work on a regular basis.

	MON	TUES	WED	THURS	FRI	SAT	SUN
9am-12pm							
12pm-4pm							
4pm-7pm							

Sign and Date: _____