



Name: _____ Date: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____ Number: (____) _____

Position desired? _____

Can you perform the essential functions of the position for which you are applying? YES [] NO [] If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES [] NO []

(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES [] NO []

(If no, you may be required to provide authorization to work.)

Have you ever worked for this Company before? YES [] NO []

If yes, where? _____ When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the Company? YES [] NO [] If yes, who and where do they work?

Are you available to work: DAYS [] NIGHTS [] WEEKENDS [] FULL TIME [] If you cannot work full time, please explain:

Days and Hours Available:(If employed, notification must be provided in writing should availability change.)

Store Hours vary by location and could be any time Monday – Sunday between 8am to 10pm

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES [] NO []

If yes, may we contact your employer? YES [] NO []

If presently employed, why are you considering leaving?

EDUCATION	Name and Location of School	Course of	No. of Years	Diploma or
		Study	Completed	Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? YES [] NO [] If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EMPLOYMENT

Start with your current or most recent position. Use an additional sheet of paper if more space is necessary.

Name of Employer	Telephone Number ()
Full Address (Including Street, City, State & Zip)	Supervisor's Name and Title
Start Date (Month/Day/Year):	End Date (Month/Day/Year):
Describe the Work Performed	
Name of Employer	Telephone Number ()
Full Address (Including Street, City, State & Zip)	Supervisor's Name and Title
Start Date (Month/Day/Year):	End Date (Month/Day/Year):
Describe the Work Performed	
Name of Employer	Telephone Number ()
Full Address (Including Street, City, State & Zip)	Supervisor's Name and Title
Start Date (Month/Day/Year):	End Date (Month/Day/Year):
Describe the Work Performed	

PERSONAL REFERENCES

Give three references (not relatives or employers)

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip)	Telephone Number ()

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: _____ Date: _____

Do not write below this line