



DESIRED STORE & POSITION	
STORE NAME:	
STORE ADDRESS:	
POSITION:	
DATE:	

EMPLOYMENT APPLICATION

APPLICANT INFORMATION		
LAST NAME:	FIRST NAME:	M.I.:
ADDRESS:		
CITY:	STATE:	ZIP:
GENDER: Male Female	SOCIAL SECURITY#:	
BIRTH DATE (Month, Day, Year):	CONTACT INFORMATION:	
EMAIL:	HOME:	
SECONDARY EMAIL:	CELL:	
<i>Please answer the following questions:</i>		
DATE AVAILABLE TO START:	DESIRED SALARY: \$ _____	
WORKING STATUS: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Hourly <input type="checkbox"/> Yearly <input type="checkbox"/>	
<i>Please input the hours available per day: Examples 9am-6pm, 12pm-9pm, Not Available (N/A)</i>		
Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____		
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?		

WORK EXPERIENCE	
COMPANY NAME:	PERIOD OF EMPLOYMENT <i>(Start date & End Date):</i>
ADDRESS:	
POSITION:	REASON FOR LEAVING:
PROFESSIONAL REFERENCE NAME:	
REFERENCE TITLE:	
CONTACT EMAIL:	CONTACT #:
WORK EXPERIENCE II	
COMPANY NAME:	PERIOD OF EMPLOYMENT <i>(Start date & End Date):</i>
ADDRESS:	
POSITION:	REASON FOR LEAVING:
PROFESSIONAL REFERENCE NAME:	
REFERENCE TITLE:	
CONTACT EMAIL:	CONTACT #:



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WORK EXPERIENCE III	
COMPANY NAME:	PERIOD OF EMPLOYMENT <i>(Start date & End Date):</i>
ADDRESS:	
POSITION:	REASON FOR LEAVING:
PROFESSIONAL REFERENCE NAME:	
REFERENCE TITLE:	
CONTACT EMAIL:	CONTACT #:

EDUCATION		
INSTITUTION/ SCHOOL NAME:		
INSTITUTION ADDRESS:		
CITY	STATE:	ZIP:
LEVEL OF DEGREE COMPLETED:		
MAJOR FIELD OF STUDY:		
PERIOD OF ENROLLMENT (Start date & End Date):		
RESPONSIBILITIES:		
EDUCATIONAL REFERENCE:		CONTACT #:

EDUCATION II		
INSTITUTION/ SCHOOL NAME:		
INSTITUTION ADDRESS:		
CITY	STATE:	ZIP:
LEVEL OF DEGREE COMPLETED:		
MAJOR FIELD OF STUDY:		
PERIOD OF ENROLLMENT (Start date & End Date):		
RESPONSIBILITIES:		
EDUCATIONAL REFERENCE:		CONTACT #:

EDUCATION III		
INSTITUTION/ SCHOOL NAME:		
INSTITUTION ADDRESS:		
CITY	STATE:	ZIP:
LEVEL OF DEGREE COMPLETED:		
MAJOR FIELD OF STUDY:		



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PERIOD OF ENROLLMENT (Start date & End Date):	
RESPONSIBILITIES:	
EDUCATIONAL REFERENCE:	CONTACT #:

DISCLAIMER: <i>Please sign below authorizing the presentation of this employment application.</i>	
<p><i>I certify that my answers are true and have been answered 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 dismissal.</i></p>	
NAME OF APPLICANT (<i>PLEASE PRINT</i>):	
SIGNATURE:	DATE:

APPLICATION CHECKLIST (For Office Use ONLY: <i>Please ensure that the following materials are presented along with this employment application to either the Store Manager, Hiring Manager or Human Resources Department.</i>	
1. Completed Application for Employment:	<input type="checkbox"/>
2. Copy of Résumé	<input type="checkbox"/>
3. Copy of Employment Cover Letter	<input type="checkbox"/>
4. Copy of Driver's License (or any other state-issued photo identification):	<input type="checkbox"/>
5. Copy of Work Authorization Document:	<input type="checkbox"/>

HIRED: Yes <input type="checkbox"/> No <input type="checkbox"/>	OFFERED PAY WAGE: Hourly <input type="checkbox"/> Salary <input type="checkbox"/> \$ _____	STARTING DATE:
HIRING MANAGER NAME:		HIRING MANAGER SIGNATURE:
APPLICANT NAME:		APPLICANT SIGNATURE: