

# Employment Application



We do not discriminate in employment regarding race, color, religion, national origin, citizenship status, ancestry, age, gender, sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from the military or any other characteristic protected by law.

Position Applying for: Sales

Date you can start: \_\_\_\_\_ Full/Part Time: \_\_\_\_\_

## **Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number (including Area Code): \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

Can you provide the documents required to prove your eligibility to work in the United States?  
(Select One):  Yes  No

Are you at least 18 years old? (Select One):  Yes  No

Can you work any shift? (Select One):  Yes  No

Can you work overtime? (Select One):  Yes  No

Can you perform the essential functions, with or without a reasonable accommodation, for the job for which you are applying? (Select One):  Yes  No

How did you hear about this Company? (Select One):

Walk-In  Friend  Advertisement  Internet  What site? \_\_\_\_\_

Have you previously worked for this Company? (Select One):  Yes  No

If so, when? \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Do you have any relatives that work for this Company? (Select One):  Yes  No

If yes, who? \_\_\_\_\_ Department: \_\_\_\_\_

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<b>Education:</b>	<b>Location of School:</b>	<b>Graduate:</b>
High School/GED		Yes No
College		Yes No
Trade		Yes No

## Employment History

<b>From:</b>	<b>To:</b>	<b>Employer Name:</b>	<b>Telephone:</b>	<b>Job Title:</b>	<b>Reason for Leaving:</b>

## References

<b>Name:</b>	<b>Phone Number:</b>	<b>Company:</b>	<b>Years Known:</b>

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I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Company to hire me. If I am hired, I understand that either the Company or myself can terminate my employment at any time with or without notice and with or without notice. I understand that no representative of the Company has the authority to make any assurance to the contrary.

I attest with my signature below that I have given the Company true and complete information on this application. No requested information has been concealed. I authorize the Company to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate termination of my employment.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_