

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

LOCATION _____

CITY: _____

Position Desired
How were you referred to us?

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely. Please feel free to use a resume to supplement this application.

DATE _____

An Equal Opportunity Employer

PERSONAL DATA (PLEASE PRINT)

Last Name	First Name	Middle Name	Social Security Number	Phone Number

Present Address (Street, City, State and Zip Code)	When could you start employment?	Minimum hourly salary expected.	Has any relative ever been employed by us? Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have the legal right to live and work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	Give visa number and work permit number, if applicable. _____	Have you ever been employed by us before? If yes, in what position, and when? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Have you ever been convicted of a felony? Yes No Have you been convicted of a misdemeanor in the last three years? Yes No

List all convictions for breaking the law that you received over your lifetime (include all major and felony convictions and only misdemeanor convictions during the last three years).
Note: Convictions are not necessarily a bar to employment; however, deception as to their existence or falsification of their exact nature will result in denial of employment. In considering your conviction record, factors such as time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

DATE	VIOLATION	COURT LOCATION

U.S. MILITARY RECORD

Service Branch	Date Entered	Date Discharged	Initial Rank	Final Rank	Are you a member of the Active Reserve? Yes <input type="checkbox"/> No <input type="checkbox"/>
					If Yes, what is your obligation? _____

Briefly describe your military duties _____

Any special commendation or recognition? _____

Do you have an honorable discharge? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Discharge	Reason
If your discharge was other than honorable, please explain type and reason in space provided for at right. Note: Discharges other than honorable are not necessarily a bar to employment; however, deception as to the exact nature of discharge will result in denial of employment.		

EDUCATIONAL BACKGROUND

Type of School	Name and Location of School	From	To	Circle Last Year Completed	Major Area of Study	Degree Obtained
High or Preparatory				<input type="radio"/> 1, <input type="radio"/> 2, <input type="radio"/> 3, <input type="radio"/> 4 <input type="radio"/>		
College				<input type="radio"/> 1, <input type="radio"/> 2, <input type="radio"/> 3, <input type="radio"/> 4, <input type="radio"/> 5, <input type="radio"/> 6		
Other						

Typing Speed _____	Shorthand Speed _____	Office Machines Operated _____
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Please list any additional special skills, technical or professional knowledge, use of machine or equipment you may have, including the ability to write and/or speak any foreign languages that would support your application.	List any licenses, certificates, publications or professional achievements that would support your application.

Have you ever worked at any other Thrift Store? Yes No

If yes, where and when? _____

WORK EXPERIENCE (List positions in chronological order starting with current or most recent position)

Company Name and Address	Employment Date	Positions Held and Description of Duties	Base Pay	Reason for Leaving
Employer	Date Hired		Starting	
Street Address	Date Separated		Ending	
City and State	Phone		Name & Title of Immediate Supervisor	
Employer	Date Hired		Starting	
Street Address	Date Separated		Ending	
City and State	Phone		Name & Title of Immediate Supervisor	
Employer	Date Hired		Starting	
Street Address	Date Separated		Ending	
City and State	Phone		Name & Title of Immediate Supervisor	
Employer	Date Hired		Starting	
Street Address	Date Separated		Ending	
City and State	Phone		Name & Title of Immediate Supervisor	

DRIVING RECORD

Have you a valid driver's license? Yes No How long have you been a licensed driver? _____ Driver's License No. _____ Expiration Date _____
 Issuing State _____ Restrictions on driving listed on Driver's License _____

If answer is "Yes" to any of the following questions - please explain, giving dates and details.

- Do you have any physical impairments that prevent you from driving a vehicle? Yes No
- Have you ever been cited for speeding during the last three years? Yes No
- Have you been cited for any moving violation during the past three years? (left turn, etc.) Yes No
- Has your driver's license ever been revoked or suspended? Yes No
- Have you ever been cited for driving under the influence of alcohol or drugs? Yes No
- Have you ever been placed on suspension or probation? Yes No
- Have you had a vehicle accident of any type within the last three years? Yes No
- Have you ever been cited for reckless driving? Yes No
- Has your auto insurance ever been cancelled or has any company declined to insure you? Yes No

Applicants should be aware that employees may be required to work in excess of forty hours per week, and that employees may be required to work on a scheduled day off. All overtime work will be paid at time and one half, as required by law. To work assigned overtime may result in discipline, up to and including discharge. Our store operates from Monday through Saturday. All employees must be able to work all days and all hours within the hours of operation. If there are any limitations on availability for work assignments identify below. If this space is left blank, it means you are willing to accept work on any shift during any hours of operation.

"I can only work between the hours of _____ A.M./P.M. and _____ A.M./P.M."; "I am not available for work on the following days of the week: _____"

READ CAREFULLY BEFORE SIGNING

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED TO THE FOREGOING QUESTIONS IS TRUE AND CORRECT, AND THAT NO ATTEMPT HAS BEEN MADE TO CONCEAL PERTINENT INFORMATION. I AUTHORIZE MY FORMER EMPLOYERS, SCHOOLS AND PARENTS TO PROVIDE ANY INFORMATION THEY MAY HAVE REGARDING ME, WHETHER OR NOT IT IS ON THEIR RECORDS. I HEREBY RELEASE THEM AND THEIR COMPANY FROM ALL LIABILITY FOR DIVULGING SAME. I UNDERSTAND THAT ALL STATEMENTS MADE ARE OPEN TO INVESTIGATION BY THIS COMPANY, AND THAT IF ANY INFORMATION GIVEN BY ME IN THIS APPLICATION, IS FOUND TO BE FALSE OR MISLEADING, I WILL BE SUBJECT TO DISMISSAL AT ANY TIME DURING THE PERIOD OF MY EMPLOYMENT AND I AGREE TO HOLD THIS COMPANY AND PERSONS NAMED HEREIN BLAMELESS IN THAT EVENT. IF EMPLOYMENT IS OBTAINED UNDER THIS APPLICATION I WILL COMPLY WITH ALL RULES AND REGULATIONS OF THE COMPANY. I AGREE TO BE RESPONSIBLE FOR COMPANY PROPERTY AND EQUIPMENT ISSUED ME BY THE COMPANY UNTIL RETURNED TO THE COMPANY. I AGREE TO SUBMIT TO PHYSICAL EXAMINATION IF REQUIRED BY THE COMPANY. FURTHER, I HEREBY UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS AT WILL, THAT NOTHING IN THIS APPLICATION OR IN ANY OTHER COMPANY DOCUMENT SHALL BE CONSIDERED TO CREATE ANY CONTRACT OF EMPLOYMENT BETWEEN ME AND THE COMPANY, AND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME BY MYSELF WITH OR WITHOUT NOTICE AND WITH OR WITHOUT CAUSE. I UNDERSTAND AND AGREE TO THESE STATEMENTS TO THE CONTRARY, WHETHER ORAL OR WRITTEN, ARE EXPRESSLY DISAVOWED AND ARE NOT TO BE RELIED UPON BY ME. THIS AGREEMENT CONTAINS THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND ME, AND THERE ARE NO OTHER OR COLLATERAL AGREEMENTS OF ANY KIND.

APPLICANT'S SIGNATURE _____ DATE _____ INTERVIEWED BY _____ DATE _____ REFERENCES CHECKED _____ HIRED _____ START DATE _____ SALARY _____