

**Personal Information**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Employment Desired**

Position \_\_\_\_\_

Date You Can Start \_\_\_\_\_

Salary Desired \_\_\_\_\_

Are you employed now? Yes  No

If so, may we inquire of your present employer? Yes  No

Are you legally authorized to work in the U.S.? Yes  No

Have you ever applied to work at this company before? Yes  No

If so, when? \_\_\_\_\_

**Education History**

	Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Trade school, or Other education				

**Work Experience**

Do you have retail experience? Yes  No

If yes, at which retailer? \_\_\_\_\_

Position \_\_\_\_\_

(If more than one, list most recent)

Dates of employment \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Briefly describe duties you performed working in retail.

**List employment history below with most recent first.**

Dates of employ (MM/YY)	Name, Location & Phone of Employer	Salary	Position	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				

**References** (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.) \_\_\_\_\_

<i>Name</i>	<i>Address &amp; Phone #</i>	<i>Relationship to Reference</i>	<i>Years Known</i>

*What unique qualities or experience do you have relevant to this position?*

\_\_\_\_\_  
 \_\_\_\_\_

**Authorization** \_\_\_\_\_

*"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.*

*I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.*

*I also understand and agree that no representative of the company has any authority to enter into my agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.*

*This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_ **Do Not Write Below This Line** \_\_\_\_\_

\_\_\_\_\_  
*Interviewed By*

\_\_\_\_\_  
*Date*

**Notes** \_\_\_\_\_