

## **Application for Employment**

## **Everything Creative**

which may not have been anulled, expunged, or

sealed by a court? ☐ Yes ☐ No

Equal access to programs, services and employment is available to all persons. Those requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. Social Security #\_\_\_\_\_ Name\_\_\_ Last First MI Address Street City State Zip Code Telephone:(\_\_\_\_\_)\_\_\_\_Alternate:(\_\_\_\_\_)\_ Position(s) Applied for Desired Pay If necessary, best time to call you at home is\_\_\_\_ Will you work overtime if required? □ Yes May we contact you at work? ☐ Yes □ No If **No**, please explain \_\_\_\_\_ If yes, work number and best time to call: AM/PM Are you able to lift 50 lbs. or more? Are you legally eligible for employment in the U.S.? □ Yes If **No**, please explain \_\_\_\_\_ Have you ever been employed here before? □ Yes If yes, give dates: From\_\_\_\_\_ To\_\_\_\_\_ Are you able to perform the essential functions of the job for which you are Date available for work\_\_\_\_\_ applying? Type of Employment desired: ☐ Yes □ Full-Time □ Part-Time Drivers license number required if driving Seasonal 

| Temporary State Days available: Have you ever been bonded? ☐ Yes ☐ No Please specify times/dates you are unavailable: Have you ever pled "guilty" or "no contest" to, or been convicted of a crime within the last 10 years

| <b>Employment H</b>                      | listory                  |                   |                    |                   |  |
|--|--------------------------|-------------------|--------------------|-------------------|--|
|  | recent employer, provide | the following inf |                    |                   |  |
| Employer                                 | Telephone                |                   | Dates Employed:    |                   |  |
|  | ( )                      |                   | Compens            |                   |  |
| Street Address                           | City                     | State             | \$                 | Starting          |  |
|  |                          |                   |                    |                   |  |
| Job Title                                |                          |                   | \$                 | Ending            |  |
| Supervisor's Name:                       |                          | May               | we contac          | t your employer?  |  |
| Reasons for leaving                      |                          |                   |                    |                   |  |
| Job Function and re                      | esponsibilities?         |                   |                    |                   |  |
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| Employer                                 | Telephone                |                   | Dates Em           |                   |  |
| C  | ( )                      | <u> </u>          | Compens            |                   |  |
| Street Address                           | City                     | State             | \$                 | Starting          |  |
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| Job Title                                |                          |                   | \$                 | Ending            |  |
| Supervisor's Name:                       |                          | iviay             | we contac          | t your employer?  |  |
| Reasons for leaving                      |                          |                   |                    |                   |  |
| Job Function and re                      | esponsibilities?         |                   |                    |                   |  |
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| Employer                                 | Tolonhono                |                   | Dotos Ew           | anlawad.          |  |
| Employer                                 | Telephone                |                   | Dates Em<br>Compen |                   |  |
| Street Address                           | City                     | State             |                    |                   |  |
| Street Address                           | City                     | State             | ۶                  | Starting          |  |
| Job Title                                |                          |                   | \$                 | Ending            |  |
| Supervisor's Name:                       |                          | May               |                    | t your employer?  |  |
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| Reasons for leaving  Job Function and re |                          |                   |                    |                   |  |
| Job i dilection and re                   | esponsibilities:         |                   |                    |                   |  |
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| Employer                                 | Telephone                |                   | Dates Em           | unloved:          |  |
| Lilipioyei                               | / \                      |                   | Compen             |                   |  |
| Street Address                           | City                     | State             | \$                 | Starting          |  |
| Street Address                           | City                     | State             | ٠                  | Starting          |  |
| Job Title                                |                          |                   | \$                 | Ending            |  |
| Supervisor's Name:                       |                          | May               |                    | t your employer?  |  |
| Reasons for leaving                      |                          | ividy             | vvc contac         | t your chiployer: |  |
| Job Function and re                      |                          |                   |                    |                   |  |
| JOD I UNICTION AND TE                    | esponsibilities!         |                   |                    |                   |  |
|  |                          |                   |                    |                   |  |

## **An Equal Opportunity Employer**

|                                |                              |                 |   | -7 1 -7 -            |                  |                   |  |  |
|--------------------------------|------------------------------|-----------------|---|----------------------|------------------|-------------------|--|--|
| Skills ar                      | nd Qualifications            |                 |   |                      |                  |                   |  |  |
| Summariz                       | e any special training, s    | skills, licens  | es and/or c                                   | ertificates that     | may assist you   | in performing     |  |  |
|                                | on for which you are ap      |                 |   |                      |                  |                   |  |  |
| •                              | , ,                          | . , .           |   |                      |                  |                   |  |  |
|                                |                              |                 |   |                      |                  |                   |  |  |
|                                |                              |                 |   |                      |                  |                   |  |  |
|                                |                              |                 |   |                      |                  |                   |  |  |
| Comr                           | outer Skills (Check appro    | onriate hoves   | Include softw                                 | vare titles and vear | s of evnerience) |                   |  |  |
| Comp                           |                              | opriate boxes.  |   |                      | 3 of experience, |                   |  |  |
|                                | Have you ever used           |                 | Indicate level Beginner, Intermediate, Expert |                      |                  |                   |  |  |
| DOC Custans                    | Please select all that apply |                 | Beginner, inter                               | mediate, Expert      |                  |                   |  |  |
| POS System<br>Word             |                              |                 |   |                      |                  |                   |  |  |
|                                |                              | -               |   |                      |                  |                   |  |  |
| Excel                          |                              | -               |   |                      |                  |                   |  |  |
| Outlook                        |                              | -               |   |                      |                  |                   |  |  |
|                                |                              |                 |   |                      |                  |                   |  |  |
|                                | onal Background              |                 |   |                      |                  |                   |  |  |
| Starting w                     | rith your most recent so     | chool atten     | ded, please                                   | provide the fol      | llowing informa  | ition:            |  |  |
| School (i                      | nclude City and State)       | Years           |   | Course of Stu        | dv               | Degree            |  |  |
| School (include City and State | nicidae City and State)      | Complete        |   | course or study      |                  | Earned?           |  |  |
|                                |                              |                 |   |                      |                  |                   |  |  |
|                                |                              |                 |   |                      |                  |                   |  |  |
|                                |                              |                 |   |                      |                  |                   |  |  |
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|                                |                              |                 |   |                      |                  |                   |  |  |
|                                |                              |                 |   |                      |                  |                   |  |  |
|                                |                              |                 |   |                      |                  |                   |  |  |
| Referen                        | ices                         |                 |   |                      |                  |                   |  |  |
|                                |                              |                 |   |                      |                  |                   |  |  |
|                                | and telephone number of      |                 |   |                      |                  |                   |  |  |
| not previou                    | us supervisors. If not appl  | icable, list th | ree school o                                  | r personal refere    | nces who are no  | t related to you. |  |  |
|                                | Name                         | Relations       | hip to you                                    | Telen                | hone             | Years known       |  |  |
|                                | Ttaille                      | reciations      | inp to you                                    | ·                    | nione .          | - Tears known     |  |  |
|                                |                              |                 |   |                      |                  |                   |  |  |
|                                |                              |                 |   |                      |                  |                   |  |  |
|                                |                              |                 |   |                      |                  |                   |  |  |
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| Additional Information   |
|--|
| How did you hear about Sam Flax?   |
|  |
| What are your favorite places to shop?   |
| · · · · · · · · · · · · · · · · · · ·  |
| What makes them your favorite places?  |
| white makes them your lavorite places.   |
| What are your least favorite places to shop? And why?  |
| what are your least lavorite places to shop: And why:  |
| What do a 19 and the LCourtle 2  |
| What do you like most about Sam Flax?  |
|  |
| What do you like least about Sam Flax?   |
|  |
| Why should Sam Flax hire you?  |
|  |
| Application Statement  |
| I certify that all information I have provided in order to apply for and secure work with this employre  |
| is true, complete correct.   |
| I expressly authorize without reservation the employer its representatives, employees or agents to contact and   |
| obtain information from all references (personal and professional), employees, public agencies, licensing  |
| authorities and educational institutions and to otherwise verify the accuracy of all information provided by me  |
| in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding  |
| the employer its agents employees or representaives for seeking, gathering and using thruthful and non-  |
| defamatory information, in a lawful manner, in the employment process and all other persons, corporations or   |
| organizations for furnishing such information about me. I understand that this employer does not unlawfully  |
| discriminate in employment and no question on this application is used for the purpose of limiting or  |
| eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state   |
| or federal law.  |
|  |
|  |
| I understand that this application remains current for only 30 days. At the conclusion of this time, if I  |
| have not heard from the employer and still wish to be considered for employment, it will be  |
| necessary for me to reapply and complete a new application.  |
| necessary for the to reapply and complete a new application.   |
|  |
| If I am hired, I undstand that I am free to resign at any time with or without cause and with or without prior   |
| notice and the employer reserves the same right to terminate my employment at anytime with or without  |
| cause and with or without prior notice except as may be required by law. This application does not constitue an  |
| agreement or contract for employment for any specified period or definite duration. I understand that no   |
| supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the forging express language are valid unless they are in writing |
|  |
| and signed by the employers president.   |
| I also understand that if I am hired, I will be required to provide proof of identity and legal  |
| authorization to work in the United States and that federal imminration laws require me to complete  |
|  |
| an I-9 form in this regard.  |
| DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT  |
| I certify that I have read, fully understand and accept all terms of the forging Applicant statement.  |

Date \_\_\_\_\_

Signature of Applicant