

# APPLICATION FOR EMPLOYMENT

Notice: **Applicant should read the following carefully** before filling out any of the questions on this form. Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. It is also illegal to discriminate in employment of persons because of their age if over 40 but less than 70 years of age.

FOR OFFICE USE ONLY	
Store Location Number _____	
Department Assignment _____ F.T. _____ R.P.T. _____ P.T. _____	
Job Title _____	
Work Permit _____ Yes _____ No	
Rate of Pay _____	
Date of Hire _____	
Other _____	

(PLEASE PRINT PLAINLY)

Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Current Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
No. Street City State Zip

How many years have you lived at this address? \_\_\_\_\_

Previous Address \_\_\_\_\_  
No. Street City State Zip

How long did you live there? \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_ Do you want to work \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

What Hours Can You Work?	Wednesday:
Sunday:	Thursday:
Monday:	Friday:
Tuesday:	Saturday:

Have you ever applied at, or worked at any Fairplay store/location? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: where/when? \_\_\_\_\_

If you are hired, what date will you first be available to start work? \_\_\_\_\_

Are you at least 16 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes can you furnish proof of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

## EDUCATION

NAME OF SCHOOL OR COLLEGE	WHERE LOCATED	CIRCLE LAST YEAR COMPLETED				GRADUATE	
		9	10	11	12		
HIGH SCHOOL							
COLLEGE OR UNIVERSITY							DEGREE
BUSINESS, TECHNICAL OR OTHER TRAINING							

ARE YOU CURRENTLY STUDYING?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT	WHERE	DO YOU PLAN TO RETURN TO SCHOOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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# FORMER EMPLOYERS

GIVE INFORMATION REGARDING ALL PREVIOUS EMPLOYMENT

EMPLOY- MENT	NAME & ADDRESS OF CO.	DATES		JOB AND DUTIES (BRIEF EXPLANATION)	NAME & PHONE NO. OF SUPERVISOR	MONTHLY SALARY	REASON FOR LEAVING
		FROM	TO				
PRESENT OR LAST	1.	MO/YR	MO/YR				
NEXT PREVIOUS	2.						
NEXT PREVIOUS	3.						
NEXT PREVIOUS	4.						

## REFERENCES

(GIVE THE NAMES AND ADDRESSES OF THREE PERSONS WHO KNOW YOU WELL AND TO WHOM WE MAY REFER — NO RELATIVES)

NAME	ADDRESS	PHONE NO.	YEARS ACQUAINTED	OCCUPATION

Are you a citizen of the United States?  Yes  No

If no, are you legally permitted or authorized to work in the United States?  Yes  No

### PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

Name	Telephone No.
Address	

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

I HEREBY AUTHORIZE THE COMPANY TO CONDUCT AN INVESTIGATIVE CONSUMER REPORT ON ME, AS DEFINED IN PUBLIC LAW 91-508, AND I UNDERSTAND THAT SUCH REPORT MAY INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT IF ANY INQUIRY IS MADE, MORE INFORMATION AS TO ITS NATURE AND SCOPE WILL BE SUPPLIED UPON WRITTEN REQUEST. IF THIS APPLICATION IS CONSIDERED FAVORABLY, I AGREE TO ABIDE BY AND COMPLY WITH ALL THE RULES OF THIS ORGANIZATION.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S APPLICABLE RULES, REGULATIONS AND POLICIES.

DATE

SIGNATURE

(DO NOT WRITE BELOW THIS LINE)

DATE	INTERVIEWED BY	APPEARANCE	PERSONALITY	POSITION CONSIDERED

TYPING TEST SCORE	DEPARTMENT	JOB CLASSIFICATION	DATE PLACED ON PAYROLL	MONTHLY SALARY
_____ WPM				