



Ninth Avenue Hardware Company

D.B.A. 9th Avenue ACE, 12th Avenue ACE, A&A Tradin' Post

Application for Employment

DATE: _____

APPLICANT INFORMATION

NAME: _____ PHONE #: (____) _____
Last name First Name Middle Initial Area Code

ADDRESS: _____
Street Apt./Unit# (Opt) City State Zip

SSN: _____ ARE YOU OVER 18? Yes No

ARE YOU A CITIZEN OF THE U.S. OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? Yes No

HAVE YOU EVER BEEN CONVICTED OF A CRIME, INCLUDING DUI/DWUI OF ALCOHOL OR DRUGS? Yes No

IF YES, STATE THE OFFENSE, LOCATION, DATE & DISPOSITION: _____

NOTE: A conviction will not necessarily disqualify you from employment

ARE YOU WILLING TO TRAVEL OR WORK OVERTIME SHOULD THE NEED ARISE? Yes No

IF NO, PLEASE EXPLAIN: _____

ARE YOU WILLING AND/OR ABLE TO RELOCATE SHOULD THE NEED ARISE? Yes No

EMPLOYMENT DESIRED

SEEKING: Full-Time Part-Time POSITION APPLIED FOR: _____

DATE AVAILABLE TO START: _____ DESIRED SALARY: _____

HAVE YOU EVER WORKED FOR/APPLIED TO THIS COMPANY BEFORE? Yes No

IF YES, PLEASE STATE WHEN AND WHERE YOU WORKED/APPLIED TO: _____

HOW DID YOU LEARN OF OUR COMPANY AND/OR POSITION? _____

ARE YOU NOW, OR DO YOU EXPECT TO BE, WORKING ANY OTHER JOBS? Yes No

ARE THERE ANY HOURS OR DAYS YOU ARE UNABLE OR UNWILLING TO WORK? Yes No

IF YES, PLEASE SPECIFY: _____

EDUCATION

Name, Address & Location:	Dates:	Graduate?	Courses Studied/Diploma earned:
High School	From: _____	Yes	
	To: _____	No	
College	From: _____	Yes	
	To: _____	No	
Trade School /Other	From: _____	Yes	
	To: _____	No	

IF YOU DID NOT GRADUATE, WHY DID YOU LEAVE HS OR COLLEGE? _____

ARE YOU PLANNING TO FURTHER PURSUE YOUR STUDIES? Yes No

IF SO, WHEN, WHERE AND WHAT COURSES? _____

LIST ANY SCHOLASTIC HONORS, OFFICES HELD, OR ACTIVITIES INVOLVED IN DURING SCHOOL: _____

LIST & DESCRIBE ANY OTHER SCHOOLS/TRAINING: _____

MILITARY

HAVE YOU EVER SERVED IN THE MILITARY? Yes No FINAL RANK:

SERVICE BRANCH:

DATES:

CAPABILITY/RELIABILITY

ARE YOU WILLING & ABLE TO PERFORM ALL OF THE TASKS REQUIRED BY THE JOB? Yes No

IF NOT, EXPLAIN WHICH TASKS:

HAVE YOU FILED ANY TYPE OF FRAUDULENT CLAIM AGAINST ANY OF YOUR EMPLOYERS? Yes No

IF YES, EXPLAIN:

WILL YOU ABIDE BY THE SAFETY RULES & REGULATIONS OF THIS COMPANY? Yes No

HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATING COMPANY SAFETY RULES? Yes No

IF YES, EXPLAIN:

HOW MANY DAYS OF WORK/SCHOOL HAVE YOU MISSED IN THE LAST 2 YEARS?

HOW MANY TIMES HAVE YOU BEEN LATE FOR WORK/SCHOOL IN THE LAST 2 YEARS?

ARE YOU WILLING & ABLE TO REPORT TO WORK ON TIME REGULARLY & CONSISTENTLY? Yes No

IF NOT, EXPLAIN:

WORK HISTORY

List names of employers in consecutive order, present/most recent employer first. Account for all time including military service & any periods of unemployment. If self-employed, give business name & supply business references. **DO NOT REFERENCE YOUR RÉSUMÉ.**

NAME OF EMPLOYER:		NAME/TITLE OF SUPERVISOR:		DATES EMPLOYED:	
ADDRESS:				FROM:	TO:
CITY/STATE/ZIP:		PAY:	STARTING	ENDING	MO _____ MO _____
PHONE:	TITLE:				YR _____ YR _____
REASON FOR LEAVING:					
DUTIES:					

NAME OF EMPLOYER:		NAME/TITLE OF SUPERVISOR:		DATES EMPLOYED:	
ADDRESS:				FROM:	TO:
CITY/STATE/ZIP:		PAY:	STARTING	ENDING	MO _____ MO _____
PHONE:	TITLE:				YR _____ YR _____
REASON FOR LEAVING:					
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ADDRESS:				FROM:	TO:
CITY/STATE/ZIP:		PAY:	STARTING	ENDING	MO _____ MO _____
PHONE:	TITLE:				YR _____ YR _____
REASON FOR LEAVING:					
DUTIES:					

SUPPLEMENTAL EMPLOYMENT INFORMATION

IF YOU HAVE WORKED UNDER ANOTHER NAME, PLEASE LIST BELOW:

(For reference checking purposes)

Name: _____ @ Company _____ | Name: _____ @ Company _____

ARE YOU PRESENTLY EMPLOYED? Yes No

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?

Yes No

HAVE YOU EVER BEEN FIRED/ASKED TO RESIGN FROM A JOB?

Yes No

IF YES, EXPLAIN:

HAVE YOU EVER BEEN DISCIPLINED OR GIVEN WARNINGS FOR ABSENTEEISM/TARDINESS? Yes No

IF YES, EXPLAIN:

SPECIAL SKILLS

CAN YOU TYPE? Yes No WORDS PER MINUTE: _____

DO YOU HAVE COMPUTER/WORD PROCESSING EXPERIENCE OR TRAINING? Yes No

IF YES, EXPLAIN:

WHAT LANGUAGES ARE YOU FLUENT IN?

USE THE SPACE BELOW TO DESCRIBE WHY YOU ARE INTERESTED IN WORKING FOR OUR COMPANY & TO

LIST ANY SKILLS OR ABILITIES WHICH YOU FEEL PARTICULARLY QUALIFY YOU FOR A POSITION WITH US:

REFERENCES

List 3 references that are NOT relatives or former employers.

NAME	ADDRESS	PHONE	OCCUPATION/RELATIONSHIP

STATEMENT & AFFIDAVIT

OUR COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND WILL CONSIDER ALL APPLICANTS FOR ALL POSITIONS EQUALLY WITHOUT REGARD TO THEIR RACE, SEX, AGE, COLOR, RELIGION, SEXUAL ORIENTATION, NATIONAL ORIGIN, VETERAN STATUS, OR ANY DISABILITY AS PROVIDED IN THE AMERICANS WITH DISABILITIES ACT. YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED. EACH QUESTION SHOULD BE ANSWERED IN A COMPLETE AND ACCURATE MANNER, AS NO ACTION CAN BE TAKEN ON YOUR APPLICATION UNTIL ALL QUESTIONS HAVE BEEN ANSWERED, AND ALL FORMS FILLED OUT AND SIGNED.

I CERTIFY THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT WITHOUT ANY CONSEQUENTIAL OMISSIONS OF ANY KIND WHATSOEVER. I UNDERSTAND THAT IF I AM EMPLOYED, ANY FALSE, MISLEADING OR OTHERWISE INCORRECT STATEMENTS MADE ON THIS APPLICATION FORM OR DURING ANY INTERVIEWS MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

I HEREBY AUTHORIZE THE COMPANY TO CONTACT ANY COMPANY OR INDIVIDUAL IT DEEMS APPROPRIATE TO INVESTIGATE MY EMPLOYMENT HISTORY, CHARACTER AND QUALIFICATIONS AND I GIVE MY FULL AND COMPLETE CONSENT TO THEIR REVEALING ANY AND ALL INFORMATION THEY WISH AS A RESULT OF THIS INVESTIGATION. IN ADDITION, I HEREBY WAIVE MY RIGHT TO BRING ANY CAUSE OF ACTION AGAINST THESE INDIVIDUALS FOR DEFAMATION, INVASION OF PRIVACY OR ANY OTHER REASON BECAUSE OF THEIR STATEMENTS.

I AGREE THAT, IF I AM EMPLOYED, I WILL ABIDE BY ALL THE RULES AND REGULATION OF THE COMPANY. I UNDERSTAND THAT THE TAKING OF DRUG AND ALCOHOL TESTS, WHEN GIVEN PURSUANT TO COMPANY POLICY, ARE A CONDITION OF CONTINUED EMPLOYMENT AND REFUSAL TO TAKE SUCH TESTS WHEN ASKED MAY RESULT IN MY IMMEDIATE TERMINATION. I FURTHER UNDERSTAND THAT NO ONE IN THE COMPANY IS AUTHORIZED TO ENTER INTO ANY WRITTEN OR VERBAL EMPLOYMENT CONTRACTS WITH ME FOR ANY DEFINITE PERIOD OF TIME WITHOUT THE EXPRESS WRITTEN CONSENT OF THE PRESIDENT OF THE COMPANY. I ALSO UNDERSTAND THAT MY EMPLOYMENT IS 'AT-WILL' AND MAY BE TERMINATED BY MYSELF OR BY THE COMPANY AT ANY TIME FOR ANY REASON OR NO REASON AT ALL, WITH OR WITHOUT PRIOR NOTICE.

Signature: _____

Date: _____

COMPANY USE ONLY

INTERVIEWED BY: _____

REMARKS: _____
