

Pre- Employment Application

POSITION APPLYING FOR: GENERAL INFORMATION			DATE:			STORE LOCATION:				
Print Last Name:			First Na	me:						
Mailing Address:										
City:			State:	State: Zip:						
Primary Contact No: _			Seco	ondary Contact N	Vo:					
Are you at 18 years or	older: 🗆 Ye	es 🗆 No Have you	ı ever been co	nvicted of a felo	ny with the	e last 10 y	ears? □	l Yes	□ No	
If yes, please explain:		mi ·		1		1. 1				
			-	be a cause for ye						
When Can You Start:					TUE	WED	THU	FRI	SAT	SUN
		What PM Shifts	Can You Wo	rk: MON	TUE	WED	THU	FRI	SAT	SUN
EDUCATION										
Level of Education	Name and	Location (City & Sta	Number of Years Attended	Year Graduated		Subjects Studied				
High School										
College										
Trade or Business										
Special Training 1										
Special Training 2										
5YEAR BACKGR	OUND HIST	ORY (If you did no	ot work, you	must indicate	what you	did i.e.;	Student,	Militar	ry etc.)	
Please Name Company, School, Military Status, etc	Please Name ompany, School, May we C		Period FROM In 00/00/00 Format	Period TO In 00/00/00 Format	Phone Number of Contact Person			City Location		State

Please Name Company, School, Military Status, etc	May we contact	CORY (Continued Contact Person For Verification		Period FROM In 00/00/00 Format	Period TO In 00/00/00 Format	Phone Number of Contact Person	City Location		State	
REFERENCES (You	u must give i	us 5 refe	rences with	phone numb	ers, excluding f	camily members).				
Name			Years Known Phon		one Number	City	City		State	
AUTHORIZATION										
"I certify that the facts of statements on this appli- give you any and all inf	contained in the cation shall be formation cond	e grounds cerning m	for dismissal y previous en	. I authorize ir nployment with	vestigation of all any pertinent inf	enowledge and understar statements contained he formation they may have t from utilization of such	rein and the e, personal or	employers list r otherwise an	ted to	
"I certify that the facts of statements on this appli- give you any and all inf	contained in the cation shall be formation concerns and my past em	e grounds cerning m pployer fro	for dismissal y previous en om all liabilit	. I authorize ir mployment with y for any dama	evestigation of all n any pertinent inf age that may resul	statements contained he formation they may have t from utilization of such	rein and the e, personal or	employers list r otherwise an	ted to	