

# EMPLOYMENT APPLICATION

*"We are an equal opportunity employer"*

(Note: If you feel that your civil rights would be violated by answering a question on this form please omit the answer to that question.)

Date \_\_\_\_\_

Store \_\_\_\_\_

Location \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Number Street

City

State

Zip

Type of Position Desired \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

Please insert "times" on each day you would be available for work. Be specific. Do not leave any blanks in this area.

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

How soon would you be available for work? \_\_\_\_\_ Salary Required? \_\_\_\_\_

Are you 16 or older? \_\_\_\_\_

Are you 18 or older? \_\_\_\_\_

## US ARMED FORCES HISTORY

US Armed Forces Service  Yes  No Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

## GENERAL INFORMATION

List Outside Interests \_\_\_\_\_

(Clubs, Organizations, Sports, Hobbies) Need not list any interests which would indicate your religious or ethnic background.

Have you ever been convicted of a crime?  Yes  No If so, give full particulars \_\_\_\_\_

Do you have any physical or mental condition which may affect your ability to perform the job applied for? If yes, what can be done to accommodate your limitation(s)? \_\_\_\_\_

## EDUCATION

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOLS	CIRCLE YEAR COMPLETED	GRADUATE?
High School		1 2 3 4	Yes No
College		1 2 3 4	Yes No
Business/Trade School		1 2 3 4	Yes No
Special Training		1 2 3 4	Yes No

What skills do you have that would relate to our business? \_\_\_\_\_

Have you ever been employed by this company before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been discharged from any position? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

## EMPLOYMENT EXPERIENCE/WORK HISTORY

Start with your present or your last employer. If you need more space, use an extra sheet of paper. If summer or part-time work, please indicate. If you were employed under a maiden or other name, please indicate that name by the employer.

Omit Military Service History - GIVE PRESENT OR MOST RECENT POSITION FIRST

Information must be complete - Be accurate

Employer Information Name _____ _____ Address _____ _____ Telephone _____	Type of Business	Starting Date	Date of Leaving	Duties
Your Title _____ May we reference this employer? Yes _____ No _____	Supervisor	Starting Pay	Pay at Leaving	Reason for Leaving
Employer Information Name _____ _____ Address _____ _____ Telephone _____	Type of Business	Starting Date	Date of leaving	Duties
Your Title _____ May we reference this employer? Yes _____ No _____	Supervisor	Starting Pay	Pay at Leaving	Reason for Leaving
Employer Information Name _____ _____ Address _____ _____ Telephone _____	Type of Business	Starting Date	Date of leaving	Duties
Your Title _____ May we reference this employer? Yes _____ No _____	Supervisor	Starting Pay	Pay at Leaving	Reason for Leaving

Is this a complete list of your employment? Yes \_\_\_\_\_ No \_\_\_\_\_

We are an equal employment opportunity company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, age, sex, religion, national origin, height, weight, marital status or handicap.

BRIEFLY SET FORTH WHY YOU DESIRE EMPLOYMENT WITH OUR COMPANY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal in accordance with this Company's policy. I authorize the references 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 all parties from all liability for any damage that may result from furnishing same to you. I agree to undergo a character investigation and I agree to take an honesty verification test in accordance with State and Federal laws upon reasonable suspicion of any and all discrepancies involving my work. I understand that no representative of the Company except the President, has the authority to enter into any agreement for employment for any specified period of time, nor am I obligated to work for the Company for any specified period of time. The President's agreement must be in writing. I understand the hours of the day and the days of the week that Wagoner's stores are open and that if I am employed by Wagoner's, I may be scheduled to work at different times of the day and different days of the week, including holidays.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Note: This application will be kept current for 90 days. You need to complete another to be reconsidered after this date.  
**PLEASE TURN THIS APPLICATION IN TO OUR MANAGER OR ASSISTANT MANAGER.**