

PLEASE READ THE FOLLOWING BEFORE COMPLETING OUR APPLICATION FORM:

- 1. There is no guarantee of a job offer or a job interview in completing our application blank. Your application blank will be considered with others who have submitted applications and decisions about interviews will be based on this comparison.
- 2. Our application blank must be completely filled out in order for it to be considered for employment.
- 3. If the information provided on our application can not be satisfactorily verified by employment reference checks your application could be considered as incomplete.
- 4. Applications are filled according to job title. Be as specific as possible in stating the job applying for: ANY position is not an acceptable response on our application blank.
- Due to the large number of applications we receive and the competitive nature of our employment process specific reasons for employment decisions will not be released.
- 6. In completing our application blank you will be subject to the following checks:

EMPLOYMENT REFERENCE CHECK FROM FORMER EMPLOYERS CRIMINAL RECORD CHECK DRUG SCREEN

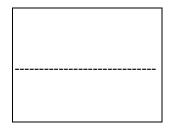
	, I have read the above statements
Signature of Applicant	



AUTHORIZATION TO RELEASE INFORMATION

Last Name	First Name	Middle Name		
Current Address				
Dates Lived Here	Social Security Number	Drivers License N	Number State	
Addresses for the Past Seven	Years: (Include street, city,	state, zip code)	Dates of Residences:	
Date of Birth (Month/day/year)	Other Names Used (includin	g maiden name)	Years used	
sources of employment, edu character, and worker's com records, etc. or any part ther agent HR411® to obtain, who which may be deemed to be liability on account of such dused exclusively by Friedman which will be considered in a made true, correct, and con any supplements to it and in considering my application f agency contacted by HR411 information. This authorizatio the extent permitted by law.	npensation records in accoreof, and authorize any duly ether the said records are perivileged or confidential disclosures. Information applys for identification purposed etermining any suitability for any interview in the knowled or employment. I authorized acting for Friedman's to	rdance with ADA and authorized age of authorized age of authorized age of authorized age of a rearing on this Authorized and for the release and for the release or employment. It is ents on my employed that they without reservate furnish the above	a, labor and wage ont of Friedman's or its and including those elease all persons from otherization will be ease information certify that I have byment application, any party or e-mentioned	
**I hereby do do not Employment and Reference Resources Department and t Employment/Reference Sect HR411®, upon proper identifi its files on me at the time of r any reports on me which HR4 preceding my request. I und statement, or answer made I interviews will be sufficient gr employment.	Verifications (This will authors to any listed supervisors or retion of your application.) It cation, to request the naturally request, including source 111® has previously furnished lerstand and agree that an by me on my application of	rize immediate in eferences in the nave the right to re and substance es of information, d within the two y omission, false s r any supplemen	make a request to e of all information in and the recipients of year period statement, misleading ts to it and in any	
Printed Name	Applicant Signature		 Date	

DISCLAIMER; THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.



STREET ADDRESS (Do **NOT** use Box Numbers)

LAST NAME_



Store:	

MIDDLE NAME

An incomplete application will not be considered.

<u>Friedman's is a Drug Free Workplace. ALL applicants are subject to pre -hiring drug testing.</u> Do not write above this line.

FIRST NAME

- -						CITY		
STATE	ZIP CODE	F	PHONE NO,			Are you le	egally entitled	to work in the United
States? Yes N	No Social	Security No						
Have you ever app	lied for a job wit	h this company	before? Yes_	N	lo	If yes, when?		
Have you ever wor	ked at this comp	any before? Y	'es No	_ If yes,	When?		Where?	· · · · · · · · · · · · · · · · · · ·
If you had worked h	nere before, und	ler what name	would your recor	ds be fil	ed?			
Position(s) desired		· · · · · · · · · · · · · · · · · · ·	Date availal	ble		Sa	ary expected	l
Is your current age	16 years or old	er? Yes	_ No	Are y	ou 18 y	ears of age or o	older? Yes_	No
Type of employmer	nt desired: Ful	I time?	Part time	?	Н	ours per week?		
Can you work flexib	ole hours? Yes_	No	If not, can you w	ork: o E	Early mo	ornings? o Afte	rnoon-evenii	ngs? ○ Nights?
Please specify the	days and hours	you are avail a	able for work no	t just th	e hours	you would "lik	e" to work.	
lf you can work ar	ny hours be	sure to state	that.					
	Monday	Tuesday	Wednesday	Thur	sday	Friday	Saturday	Sunday
Before 12 Noon								
After 12 Noon								
EMPLOYMENT	HISTORY (L	ist most red	cent position	first.	Work	back from th	nere.) (If yo	ou need more
	sp	ace, we can at	tach another she	et of pa	per to th	nis application.)		
			Dates					Reason for
Name &	Address of Emp	loyer	Month `	Year		Position	Salary	Leaving
Nama			From					
NameAddress			FIOIII					
City, StateSupervisor			То					
Phone No								
Name			From					
Address								
City, State		То						
Phone No								
Name			From					
Address City, State								
SupervisorPhone No			То					
Name Address			From					
City, State			T					
Supervisor Phone No			То					
			<u> </u>					

	me	Occupation		Address		Phone Number	
INC	ame Occupation Address Phone Number						
EDUCATION -	Be sure to answ	er completely.					
re you a high sch	ool student? Yes_	No Are you	a Co-Op stude	ent? Yes I	No Dip	loma? or GED?	
	Name & Location of School		No. of Yrs. Attended	Date Graduated	Type of course (degree)		
High School							
College							
Graduate School							
Trade/Business Sch.							
MILITARY INFO	RMATION						
lave you served in t	he U.S. Armed Ford	es? Yes No_	Branch of	Service	En	tered	
otal months of activ	e duty	Rank of induction	1	High	nest rank attair	ned	
specialized Military I	Experience						
•	icted of a felony or m	nisdemeanor in the pa	•				
				····			

This application will become inactive after 30 days. If you wish to be considered for employment after that time, you must complete a new application for employment. All applications, however, will be retained in our files for a period of 12 months.

This Company does not discriminate against qualified applicants or employees on the basis of race, creed, national origin, sex, color, ancestry, pregnancy, age, or other status or condition protected by applicable law. However, we insist that all of our employees can perform the essential functions of their employment and have the character, integrity, and general reputation for honesty of a person we would be willing to have represent our Company in its dealings with customers, suppliers and/or other employees. Accordingly, we insist on complete honesty. ANY LATER DISCOVERY THAT AN APPLICANT WAS NOT TOTALLY HONEST IN COMPLETING THIS APPLICATION MAY RESULT IN DISCHARGE.

Freidman's is a Drug Free Workplace. ALL applicants are subject to pre hiring drug testing, the results of which will impact hiring decisions.

AFFIDAVIT

I hereby authorize or instruct this Company to make whatever inquiries it deems necessary (of any former employer, personal reference, or school official named in this application, or referred by a person named in this application, and of any law enforcement agency) in order to verify any information given in my application and/or determine my qualifications and abilities, and I agree to release and hold harmless all such persons from any and all liability arising from the release of such information. I understand that such inquiries may include information as to my character, general reputation, or personal characteristics. Statements I made in this application are true and complete. I understand that if, in the judgment of the Company, I have made any false statements, omissions, misrepresentations, concealed information, or have failed to answer any questions fully and accurately, or results of such investigation are not satisfactory, any offer made by the Company may be withdrawn or my employment with the Company may be terminated immediately, without any obligation to me other than for payment at the rate agreed upon for services rendered after I have been employed. I agree to conform to the rules and regulations of the Company and understand that, if I am hired, my employment and compensation can be terminated, without cause or notice, at any time, at the option of either the Company or myself. I further understand that no personnel recruiter or interviewer or other representative of the Company has any authority to enter into any agreement for employment for any specified period of time unless such agreement is in writing and signed by the Company's designated representative.

Authorization Signature of Applicant	Date	: