

S & M

EMPLOYMENT APPLICATION

Please print clearly and complete both sides of this application. Applications will remain active for 30 days.

An Equal Opportunity Employer

Today's Date: _____

Name: _____
Last First Middle

Social Security Number: _____

Have you ever worked under another name? _____

If yes, what name? _____

Current Address: _____
Number Street City State Zip

Number of years at current address? _____ Telephone Number: (____) _____

Previous Address: _____
Number Street City State Zip

Number of years at previous address? _____

Does your address history cover the past ten(10) years? Yes No If no, provide additional address information on a separate sheet of paper.

Hours desired per week: _____

Can you work evenings/nights? Yes No

Limitation(s) to availability: _____

If hired do you have reliable means of transportation to get to work? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No If yes, explain: _____

(the existence of a criminal record does not constitute an exclusion of employment)

Are you under age 18? Yes No

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

What are the most important things that make a company a good place to work?

1. _____
2. _____
3. _____

What are some of the things you did not like about the jobs that you have had?

1. _____
2. _____
3. _____

EDUCATION:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Above High School

High School Name: _____ Address: _____

College Name: _____ Address: _____

College Major: _____ Minor: _____

Business or Vocational School Name: _____ Address: _____

Additional Education/Training/Skills/Foreign Language _____

UNITED STATES MILITARY SERVICE? Yes No

Branch of Service: _____ Type of Discharge: _____

EMPLOYMENT EXPERIENCE

List complete employment history: beginning with your current or most recent employer:

DATES FROM/TO	JOB TITLE	EMPLOYER NAME/ADDRESS	RATE OF PAY START/FINISH	SUPERVISOR	REASON FOR LEAVING
		Telephone #			
DATES FROM/TO	JOB TITLE	EMPLOYER NAME/ADDRESS	RATE OF PAY START/FINISH	SUPERVISOR	REASON FOR LEAVING
		Telephone #			
DATES FROM/TO	JOB TITLE	EMPLOYER NAME/ADDRESS	RATE OF PAY START/FINISH	SUPERVISOR	REASON FOR LEAVING
		Telephone #			

If now employed, may we contact your employer? Yes No

IMPORTANT (PLEASE READ AND SIGN)

The above information is true and correct to the best of my knowledge. I understand that any false information, my misrepresentation or omission of facts or failure to fully answer any question is cause for immediate dismissal from the company, if employed.

I agree, if employed, to conform to the policies and regulations of S & M Stores or those hereafter that may be adopted.

In connection with this application, you are authorized to inquire from any credit bureau, former employers, or other investigative agency for the purpose of verifying references, statement, or other data herein listed as to my experience, character, habits, or reasons for leaving previous positions.

I understand and agree that all material contained in any S & M Stores' handbook manual, rules and regulations, practices, etc. shall be deemed to create an employment contract between myself and S & M Stores. I represent that I am not relying upon any promises or representations regarding either the nature or duration of my employment in accepting employment if it is offered to me.

S & M Store is an Equal Opportunity Employer. Regardless of race, color, sex, marital status, and mental or physical handicap, our practice is to ensure equal opportunity for each individual.

I have read, understood, and agree to the information above.

Applicant's Signature: _____ Date: _____

Do not complete this section until offer of employment has been made.

The requirements of the position for which I am applying have been discussed with me and I understand and am able to perform the responsibilities as described and/or have discussed accommodation.

Applicant's Signature: _____ Date: _____

If the position requires a driver's license, I have a valid license: Yes No State and Lic.#: _____

Has your license ever been revoked, denied, suspended, or cancelled? Yes No If yes, explain: _____

References:

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____