

# Target World Employment Application Form

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form. Either bring the form in to Target World or mail it to us at:

Target World  
2300 East Kemper Road  
Cincinnati, OH 45244

## APPLICANT INFORMATION:

Applicant Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Other \_\_\_\_\_

Email Address \_\_\_\_\_

Current Address:

Number and street \_\_\_\_\_

City \_\_\_\_\_

State & Zip \_\_\_\_\_

Social Security # \_\_\_\_\_

How were you referred to Target World?: \_\_\_\_\_

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## POSITION/AVAILABILITY:

Position(s) applying for: \_\_\_\_\_

**Are you applying for:**

- Regular part-time work?  Y or  N
- Regular full-time work?  Y or  N

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, when will you be available? \_\_\_\_\_

If hired, on what date can you start working? \_\_\_ / \_\_\_ / \_\_\_

Can you work on the weekends?  Y or  N

Can you work evenings?  Y or  N

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

Are you available to work overtime?  Y or  N

Salary desired: \$ \_\_\_\_\_

**PERSONAL INFORMATION:**

Have you ever applied to / worked for Company before?  Y or  N  
If yes, please explain (include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for Company?  Y or  N  
If yes, state name & relationship: \_\_\_\_\_

If hired, would you have transportation to/from work?  Y or  N

If hired, are you willing to submit to and pass a controlled substance test?  Y or  N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation?  Y or  N

If no, describe the functions that cannot be performed: \_\_\_\_\_  
\_\_\_\_\_

*(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Y or  N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

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**EDUCATION:**

**High School:**

School name: \_\_\_\_\_

School city, state: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Y or  N

Degree / diploma earned: \_\_\_\_\_

**College / University #1:**

School name: \_\_\_\_\_

School city, state: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Y or  N

Degree / diploma earned: \_\_\_\_\_

**College / University #2:**

School name: \_\_\_\_\_

School city, state: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Y or  N

Degree / diploma earned: \_\_\_\_\_

**Vocational School:**

School name: \_\_\_\_\_

School city, state: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Y or  N

Degree / diploma earned: \_\_\_\_\_

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**SPECIAL SKILLS AND QUALIFICATIONS:** List job-related licenses, skills, training, honors, awards, and special accomplishments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYMENT HISTORY:**

Are you currently employed?  Y or  N

If you are currently employed, may we contact your current employer?  Y or  N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: [ \_\_\_\_\_ ]

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?  Y or  N

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Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references?  Y or  N



Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references?  Y or  N



**Military:**

Branch: \_\_\_\_\_  
Rank At Discharge: \_\_\_\_\_  
Total Years of Service: \_\_\_\_\_  
Skills/duties: \_\_\_\_\_  
Related details: \_\_\_\_\_



**REFERENCES:**

List below three persons who have knowledge of your work performance within the last four years.

Please include professional references only.

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

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**Please Read and Initial Each Paragraph, then Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

\_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

\_\_\_\_\_

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_