

NEIGHBORHOOD RELIEF THRIFT STORE - APPLICATION FOR EMPLOYMENT

ALL PORTIONS OF THIS APPLICATION PERTAINING TO YOU MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT IT IS THE POLICY AND PRACTICE OF THIS COMPANY TO PROVIDE ALL APPLICANTS EQUAL OPPORTUNITY FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS. THIS APPLICATION, ONCE COMPLETE, WILL BE CONSIDERED CURRENT AND MAINTAINED FOR A PERIOD OF 60 DAYS AFTER WHICH AN APPLICANT MAY REAPPLY SHOULD THEY NOT BE CONSIDERED FOR EMPLOYMENT AND AN EMPLOYMENT OPPORTUNITY EXIST.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Years lived here: _____ Home Phone _____ Other Phone _____

Email Address: _____ Social Security Number: _____

Position Sought: Cashier Clothing Sorter Household Sorter Hanger
 Pick-Up/Delivery/Bailer Management Volunteer Other: _____

How did you learn about the position? _____

Why do you want to work for this Company? _____

What is the biggest asset you will bring to the Company? _____

On a scale of 1-10 (ten being the highest) rank yourself in the following areas:

_____ Work Performance _____ Attitude _____ Teamwork _____ Attendance & Availability _____ Trainability

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No

If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? [] Yes [] No

Do you have any physical conditions which may limit your ability to perform the duties of the position applied for ?
 [] Yes [] No If yes, explain: _____

If driving is an essential function of the job, do you have a valid driver's license ?
 [] Yes [] No If yes, license number: _____ State: _____

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

PREVIOUS EMPLOYMENT

(Most Recent First.)

Employer _____ Dates Employed _____

Address _____ City _____ State _____ Zip _____

Phone _____ Job Title _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

Employer _____ Dates Employed _____

Address _____ City _____ State _____ Zip _____

Phone _____ Job Title _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

Employer _____ Dates Employed _____

Address _____ City _____ State _____ Zip _____

Phone _____ Job Title _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

List other information or skills pertinent to the employment you are seeking: _____

ACKNOWLEDGMENT AND AUTHORIZATION – Read carefully before signing.

I authorize or instruct this Company to make inquires 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 to 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 inquires include information as to my character, general reputation or personal characteristics. The answers and statements that I have given herein are true and complete to the best of my knowledge. I understand that if, in judgment of the Company, I have made false statements, omissions, concealments, any misrepresentations or I have failed to answer questions fully and accurately, or results in such investigations 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 all rules and regulations of the Company, written, verbal or implied. I further understand that, if I am hired, my employment and compensation can be terminated, without cause or notice at any time, by the company.

Signature of Applicant

Date