Buddy's Home Furnishings Application for Employment Form #121 12/5/2008 Buddy's Home Furnishings is an Equal Employment Opportunity Employer which makes employment decisions without regard to race,

color, sex, religion, national origin, age, handicap, disability, marital status and all other characteristics protected by law. The Company also reasonably accommodates individuals with handicaps, disabilities and bona fide religious beliefs and is a Drug-Free Workplace.

POSITION APPLIEI) FOR:		DATE:
PERSONAL DATA			
Last Name	First	Middle	Social Security Number
Street Address	City	State/Zip Code	Telephone No.
Are there any days or h	ours you will not work?	Yes No If yes, please	list the times you will not work
Will you work overtime	e, if required? Yes	No When will you be able	e to start work?
you intend to answer " responsible for verifyin WILL BE CHECKED	NO" because you believe g the expunging or sealing AGAINST LOCAL, ST	e those records have been expu ng prior to answering "NO". Y ATE AND FEDERAL RECO	tomatically exclude you from employment. If nged or sealed by court order, you are OUR ANSWERS TO THESE QUESTIONS RDS uilty or nolo contendre (no contest), been
•	•	ication was withheld? Yes	•
			ea of guilty or nolo contendre (no contest), been for any misdemeanor? Yes No
Are you currently out o	n bond or your own reco	ognizance pending trial or do y	ou have charges pending? Yes No
If you answered "Yes plea and the penalty i	• •	uestions, please provide deta	ils of the type of crime, date of conviction or
Can you, within three c States? Yes No		ubmit documentation verifying	you are legally eligible to work in the United
Have you taken any ille	egal drugs in the last 30 c	days? Yes No	
How did you learn of o	ur Company?		
Have you ever applied	or worked here before?	Yes No If yes, provide	e dates:
List any relatives or frie	ends currently employed	here:	
Please list the places yo	ou have lived in the last s	seven years, including city, cou	nty and state.

recent employer) Company Name	Tel #: ()	
Address	Dates Employed	
	From: To:	
Name of Supervisor	Weekly Pay:	
State job titles and describe job duties:	Reason(s) for leaving:	
MAY WE CONTACT THIS EMPLOYER? YE		
Company Name	Tel #: ()	
Address	Dates Employed	
	From: To:	
Name of Supervisor	Weekly Pay:	
State job titles and describe job duties:	Reason for leaving:	
Company Name	Tel #: ()	
Address	Dates Employed	
	From: To:	
Name of Supervisor	Weekly Pay:	
State job titles and describe job duties:	Reason for leaving:	
Company Name		
Address	Dates Employed	
	From: To:	
Name of Supervisor	Weekly Pay:	
State job titles and describe job duties:	Reason for leaving:	

EMPLOYMENT HISTORY (cont.)				
Please explain any gaps in your employment history				
Have you ever been discharged or asked to resign? Yes No				
If yes, explain:				
Did you receive any discipline in the last 12 months of active employment? Yes No				
If yes, please explain:				
Were you given a performance evaluation within the last 12 months of active employment? Yes No If yes, what was the range of scores used and what was your score?				
Have you signed any non-compete agreement with any other employer that would restrict you from working with this company? Yes No If so, please explain				
PERSONAL REFERENCES				
Name Relationship Phone Number				
MILITARY (complete only if you served in the military)				
Branch of Service: Dates of Service: From: To: Rank at Discharge:				
Describe any military skills, training or experience you believe are relevant to the job applied for:				
EDUCATION Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:				

Do you have a valid driver's license? Yes No License No Have you had any tickets in the last 5 years? Yes No If yes, explain:
Have you had any tickets in the last 5 years? Yes No If yes, explain:
Has your license ever been suspended or revoked? Yes No If yes, explain:
Do you have any DUI or DWI convictions? Yes No If yes, explain:
Do you have a reliable form of transportation to work? Yes No
APPLICANT'S ACKNOWLEDGMENT I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.
I understand that, if employed, my employment with the Employer is not for a specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitute an employment contract for a definite duration or modification of the at-will employment relationship between me and the Employer.
I understand that any employment offer is contingent upon providing appropriate medical information including, but not limited to, successfully completing a pre-employment medical examination and a drug test.
I understand that as part of the application process, the Company may conduct a thorough background check on me, which may include procuring investigative consumer reports, requesting information from my previous employers, confirming my educational background, speaking with my references, checking my criminal history and verifying my driving records.
I acknowledge that this application will remain active for 14 days from this date. If I have not heard from the Company at the conclusion of this 14 day period, it is my responsibility to complete a new application if I still wish to be considered for employment by the Company.
As a condition of employment, I agree to have my paycheck directly deposited in my bank account or placed on a stored value card. I understand I will not receive a "paper" paycheck. I further understand that if I do not register for direct deposit or an alternative stored value card within the first two pay periods of hire, I will not be eligible for continued employment with the company.
Signature: Date: