



THE JEANS STORE

Please complete all requested information. Use ink and print.

**GENERAL INFORMATION**

EMPLOYEE No. _____		POSITION DESIRED _____															
TODAY'S DATE _____		MINIMUM SALARY DESIRED _____	DATE AVAILABLE FOR WORK _____														
NAME FIRST _____	LAST _____	MIDDLE _____															
SOCIAL SECURITY NUMBER _____		FULL TIME <input type="checkbox"/> 30-40 HRS. PER WEEK      PART TIME <input type="checkbox"/> 0-29 HRS. PER WEEK      SEASONAL <input type="checkbox"/> HOLIDAY SUMMER															
STREET ADDRESS _____		AGE: ARE YOU AT LEAST 18 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YOU ARE UNDER 18, YOU WILL BE REQUIRED TO PROVIDE A WORK PERMIT PRIOR TO WORKING ARE YOU AT LEAST 16 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>															
CITY _____	STATE _____	ZIP _____	APT. # _____														
TELEPHONE HOME ( ) - - ( ) -		BEEPER ( ) -															
IF YOU HAVE WORKED FOR OUR COMPANY BEFORE _____		PLEASE INDICATE THE HOURS YOU ARE AVAILABLE TO WORK DURING BOTH DAY AND EVENING															
HAVE YOU EVER APPLIED TO OUR COMPANY BEFORE? IF YES, WHERE? _____		<table border="1"> <tr> <th>MONDAY</th> <th>TUESDAY</th> <th>WEDNESDAY</th> <th>THURSDAY</th> <th>FRIDAY</th> <th>SATURDAY</th> <th>SUNDAY</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY							
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY											
		NOTE: SHOULD YOUR AVAILABILITY CHANGE, IT IS YOUR RESPONSIBILITY TO NOTIFY YOUR SUPERVISOR.															
		DO YOU HAVE ANY RELATIVES NOW EMPLOYED BY OUR COMPANY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IDENTIFY BY NAME(S), POSITION AND LOCATION _____															

**WORK EXPERIENCE**

LIST YOUR PREVIOUS EXPERIENCE BEGINNING WITH YOUR MOST RECENT POSITION:

<b>1</b>	EMPLOYER _____	STARTING POSITION _____	STARTING SALARY _____
	ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____	LAST POSITION _____	FINAL SALARY _____
	PHONE _____ SUPERVISOR _____ NAME/TITLE _____	DUTIES _____	
	REASON FOR LEAVING _____	DATES OF EMPLOYMENT START: MONTH _____ YEAR _____ END: MONTH _____ YEAR _____	
<b>2</b>	EMPLOYER _____	STARTING POSITION _____	STARTING SALARY _____
	ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____	LAST POSITION _____	FINAL SALARY _____
	PHONE _____ SUPERVISOR _____ NAME/TITLE _____	DUTIES _____	
	REASON FOR LEAVING _____	DATES OF EMPLOYMENT START: MONTH _____ YEAR _____ END: MONTH _____ YEAR _____	
<b>3</b>	EMPLOYER _____	STARTING POSITION _____	STARTING SALARY _____
	ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____	LAST POSITION _____	FINAL SALARY _____
	PHONE _____ SUPERVISOR _____ NAME/TITLE _____	DUTIES _____	
	REASON FOR LEAVING _____	DATES OF EMPLOYMENT START: MONTH _____ YEAR _____ END: MONTH _____ YEAR _____	

MAY WE CONTACT YOUR CURRENT EMPLOYER? \_\_\_\_\_

**REFERENCES**

REFERENCE (NOT RELATED TO YOU)	REFERENCE (NOT RELATED TO YOU)
ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____	ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____
PHONE _____ JOB TITLE _____	PHONE _____ JOB TITLE _____
HOW ACQUAINTED AND FOR HOW LONG? _____	HOW ACQUAINTED AND FOR HOW LONG? _____

## EDUCATION AND TRAINING

SCHOOL	PLEASE PRINT NAME, STREET, CITY, STATE & ZIP CODE FOR EACH SCHOOL	NUMBER OF YEARS COMPLETED	DEGREE?	TYPE OF COURSE / MAJOR
COLLEGE				
HIGH SCHOOL				
ADDITIONAL TRAINING				

FOREIGN LANGUAGES \_\_\_\_\_ SPOKEN FLUENTLY? \_\_\_\_\_

## ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

HAVE YOU BEEN CONVICTED OF A FELONY CRIME OR THEFT-RELATED MISDEMEANOR WITHIN THE LAST 5 YEARS?

YES  NO IF YES, STATE DETAILS: \_\_\_\_\_

CONVICTIONS WILL NOT NECESSARILY DISQUALIFY APPLICANT; EACH CASE IS CONSIDERED INDIVIDUALLY.

## PERMISSION TO WORK

IF EMPLOYMENT IS OFFERED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?

YES  NO

## REFERRAL SOURCE

WALK-IN APPLICANT  NEWSPAPER AD  EMPLOYEE REFERRAL  OTHER (*please list*)

Name \_\_\_\_\_

COMMUNITY ORGANIZATION

SCHOOL/COLLEGE

Name \_\_\_\_\_

Name \_\_\_\_\_

WHY ARE YOU INTERESTED IN WORKING FOR OUR COMPANY?

WHAT STRENGTHS WOULD YOU BRING TO OUR COMPANY?

WHAT DIDN'T YOU LIKE ABOUT YOUR PREVIOUS JOBS?

## APPLICANT'S STATEMENT

IF I AM EMPLOYED, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE COMPANY. I UNDERSTAND THAT MY EMPLOYMENT IS AT-WILL. THIS MEANS THAT I DO NOT HAVE A CONTRACT OF EMPLOYMENT FOR ANY PARTICULAR DURATION OR LIMITING THE GROUNDS FOR MY TERMINATION IN ANY WAY. I AM FREE TO RESIGN AT ANY TIME. SIMILARLY, O.M.G. IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON. I UNDERSTAND THAT WHILE PERSONNEL POLICIES, PROGRAMS AND PROCEDURES MAY EXIST AND BE CHANGED FROM TIME TO TIME, THE ONLY TIME MY AT-WILL STATUS COULD BE CHANGED IS IF I WERE TO ENTER INTO AN EXPRESS WRITTEN CONTRACT WITH O.M.G. EXPLICITLY PROMISING ME JOB SECURITY, CONTAINING THE WORDS "THIS IS AN EXPRESS CONTRACT OF EMPLOYMENT" AND SIGNED BY AN OFFICER OF O.M.G. THE ABOVE LANGUAGE CONTAINS OUR ENTIRE AGREEMENT ABOUT MY AT-WILL STATUS AND THERE ARE NO ORAL OR SIDE AGREEMENTS OF ANY KIND.

ALL OF THE INFORMATION I HAVE SUPPLIED IN THIS APPLICATION IS A TRUE AND COMPLETE STATEMENT OF THE FACTS, AND IF EMPLOYED, ANY FALSE STATEMENT OR OMISSION COULD RESULT IN IMMEDIATE DISMISSAL. I FURTHER AUTHORIZE YOU TO CONTACT ALL OF MY PREVIOUS EMPLOYERS OR REFERENCES FOR FULL INFORMATION REGARDING MY EMPLOYMENT HISTORY.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_