DOLLAR TREE®

500 Volvo Parkway
Chesapeake, VA 23320

• USE BLACK INK PLEASE •

APPLICATION FOR EMPLOYMENT

PERSONAL

LAST NAME	FIRST	MIDDLE	DATE

STREET ADDRESS   CITY   STATE   ZIP

SOCIAL SECURITY NUMBER (Last Four Only)

X X X-X X-

POSITION DESIRED?

HOME PHONE

HAVE YOU APPLIED FOR EMPLOYMENT WITH US PREVIOUSLY?
☐ YES ☐ NO -- IF YES...

MONTH & YEAR:
LOCATION:

BUSINESS PHONE

EXPECTED RATE OF PAY

JOB REQUIREMENTS BRIEF: ABLE TO UNLOAD STOCK FROM TRUCKS (MAX. 50 LBS.) STOCKING, PRICING, REGISTER OPERATION, ASSISTING CUSTOMERS AND GENERAL MAINTENANCE OF STORE.

AFTER READING THE ABOVE JOB REQUIREMENTS, ARE YOU ABLE TO PERFORM ALL DUTIES INDICATED WITH OR WITHOUT REASONABLE ACCOMMODATION?
☐ YES ☐ NO

WHAT PROMPTED YOU TO SELECT DOLLAR TREE AS A POTENTIAL EMPLOYER?

ARE YOU AVAILABLE FOR FULL TIME WORK?   ☐ YES ☐ NO
WHAT DAYS AND HOURS ARE YOU **NOT** AVAILABLE FOR WORK:

WILL YOU WORK OVERTIME IF NEEDED?
☐ YES ☐ NO

WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?

DO YOU HAVE RELATIVES OR FRIENDS WORKING FOR DOLLAR TREE STORES?   ☐ YES ☐ NO
IF YES, GIVE NAME, LOCATION & RELATIONSHIP:

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.?   ☐ YES ☐ NO

* (PROOF OF ELIGIBILITY IS REQUIRED UPON EMPLOYMENT)

SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, ETC.)

ARE YOU 18 YEARS OF AGE OR OLDER?   ☐ YES ☐ NO

SUBJECT TO VERIFICATION OF MINIMUM LEGAL AGE REQUIREMENTS

IF YOU SERVED IN THE MILITARY, WERE YOU HONORABLY DISCHARGED?   ☐ YES ☐ NO

EDUCATION

(CIRCLE LAST YEAR COMPLETED)
HIGH SCHOOL   1   2   3   4   GRADUATED? ☐ YES ☐ NO   WHERE?

COLLEGE   1   2   3   4   GRADUATED? ☐ YES ☐ NO   WHERE?   DEGREES:

LIST SPECIAL INTERESTS AND HOBBIES:

EMPLOYMENT DATA

FOR OFFICE USE ONLY	Location # _____		WOTC Conf # _____

DATE HIRED	STARTING DATE	RATE OF PAY	FULL-TIME ☐	POSITION	REHIRE: YES ☐
_____	_____	_____	PART-TIME ☐	_____	NO ☐

IN CASE OF EMERGENCY CONTACT

NAME	RELATIONSHIP	PHONE #	OCCUPATION	ADDRESS

REV. 12-2015

EMPLOYMENT HISTORY
(SHADED AREAS FOR COMPANY USE ONLY)

COMPANY NAME:	TELEPHONE: ( )
ADDRESS:	EMPLOYED (MO. & YR.) FROM: TO:
NAME OF SUPERVISOR:	RATE OF PAY START: LAST:
STATE JOB TITLE AND DESCRIBE YOUR WORK:	REASON FOR LEAVING:
VERIFIED ☐ COMMENTS:	

COMPANY NAME:	TELEPHONE: ( )
ADDRESS:	EMPLOYED (MO. & YR.) FROM: TO:
NAME OF SUPERVISOR:	RATE OF PAY START: LAST:
STATE JOB TITLE AND DESCRIBE YOUR WORK:	REASON FOR LEAVING:
VERIFIED ☐ COMMENTS:	

COMPANY NAME:	TELEPHONE: ( )
ADDRESS:	EMPLOYED (MO. & YR.) FROM: TO:
NAME OF SUPERVISOR:	RATE OF PAY START: LAST:
STATE JOB TITLE AND DESCRIBE YOUR WORK:	REASON FOR LEAVING:
VERIFIED ☐ COMMENTS:	

CERTIFICATION – PLEASE READ, SIGN AND DATE

All applicants for employment are judged solely on the basis of qualification and ability without regard to age, sex, race, national origin, religion, sexual orientation, marital status, disability, veteran status or other classification protected by law.

I acknowledge that the Company follows an employment – at – will policy, such that I or the Company may terminate my employment at any time for any reason. I understand that this application is not a contract of employment. I understand that to be employed, I must be lawfully authorized to work in the United States and show the Company documentation that will prove this.

I understand and agree that my previous employers may be contacted and that I may be asked to authorize the generation of a background report. I fully consent to and understand that Dollar Tree Stores may request information from public and private sources about any of the information noted in this application.

I hereby authorize, without reservation, any financial institution, credit agency, law enforcement agency, information service bureau, school, employer or insurance company contacted by Dollar Tree Stores to furnish the information described herein at any time during the application process and/or during any employment. I release them from all liability for doing so.

I certify that all the statements herein are true and accurate and understand that any falsification or omission shall result in dismissal.

Your Signature: _____ Date: _____