Application for Employment

We are an equal opportunity employer. We do not discriminate on any basis protected by federal, state or local law.
This form does not ask for date of birth, salary history, criminal history or medical information. Those are asked later, where lawful.

POSITION APPLIED FOR

Position / role

Location or store

Date available to start

Desired pay (per hour or per year)

Referred by

Application date

Employment type sought

- [ ] Full time
- [ ] Part time
- [ ] Seasonal
- [ ] Temporary

Shifts you can work

- [ ] Days
- [ ] Evenings
- [ ] Nights
- [ ] Weekends
- [ ] Rotating

APPLICANT INFORMATION

Last name

First name

Middle initial

Street address

City

State

ZIP

Phone

Email

Best time to reach you

Are you legally authorised to work in the United States?

- [ ] Yes
- [ ] No

Verification documents are collected on Form I-9 after hire, not with this application.

If the role has a legal minimum age, do you meet it?

- [ ] Yes
- [ ] No

LICENCES AND CERTIFICATIONS REQUIRED FOR THIS ROLE

Type (CDL class, CNA, HVAC, forklift, food handler and so on)

Number

State

Expires

Endorsements or restrictions

Second licence or certification

ABILITY TO PERFORM THE JOB

Can you perform the essential functions of this position, with or without reasonable accommodation?

- [ ] Yes
- [ ] No

We do not ask about disability or medical history at this stage. If you need an accommodation to apply or to interview, tell us and we will arrange it.

EMPLOYMENT HISTORY: MOST RECENT FIRST

EMPLOYER 1

Employer | Job title | From (mm/yy) | To (mm/yy)

City and state | Supervisor | Phone | Reason for leaving

May we contact this employer? ☐ Yes ☐ Not yet

EMPLOYER 2

Employer | Job title | From (mm/yy) | To (mm/yy)

City and state | Supervisor | Phone | Reason for leaving

EMPLOYER 3

Employer | Job title | From (mm/yy) | To (mm/yy)

City and state | Supervisor | Phone | Reason for leaving

EDUCATION AND TRAINING, WHERE THE ROLE REQUIRES IT

Highest level completed | School or programme | Field or trade

REFERENCES

Name | Relationship | Phone | Email

Name | Relationship | Phone | Email

ANYTHING ELSE YOU WOULD LIKE US TO KNOW

CERTIFICATION AND SIGNATURE

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that any false statement or omission of a material fact may result in the withdrawal of an offer of employment or, if I am employed, in dismissal. I authorise the employer to verify the information in this application, including contacting the employers and references I have listed, subject to any limits I have noted above. I understand that this application is not an offer of employment or a contract of employment.

Signature | Printed name | Date

Employer note: retain this application for at least one year from the date of the record or the personnel action, whichever is later (29 CFR 1602.14). If a discrimination charge is filed, retain all records relevant to it until final disposition. Federal contractors and some states require longer.