

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

If you require help completing this form, notify us and we'll provide assistance. Complete both pages of this application. Provide only requested information. Do not provide information unrelated to your application for employment.

Answer all questions completely and accurately. False or misleading statements on this form or in an interview are grounds for halting the application process or, if discovered after employment has begun, termination of employment.

All qualified applicants will receive consideration without discrimination based on sex, race, color, age, national origin, citizenship status, marital status, veteran status, genetic information, religion, disability or any other status protected by federal or applicable state law. When completing this application, you may exclude information that would disclose or otherwise reference your race, religion, age, sex, genetic information, veteran status, disability or other status protected by federal or applicable state law.

PERSONAL INFORMATION

Print clearly. Incomplete or illegible responses may disqualify you from consideration. WRITE 'DOES NOT APPLY' IF INTENTIONALLY LEFT BLANK.

Name _____ Date _____

Home Address _____

Mobile # _____ Home # _____ Email _____

If you have used any names other than the name given above, list them here: _____

Are you legally eligible to be employed in the United States? _____ Yes _____ No

Do you have any relatives or friends working for any of the following companies? _____ Yes _____ No

If yes, provide employee name(s) and circle all companies that apply below: _____

DAV/Red Racks Thrift Stores **DAV/Buy the Pound** **City Thrift/Thrift Management Specialists** **Team Thrift**

Have you been previously employed by any of the above companies? _____ Yes _____ No

Have you ever been dismissed or asked to resign by an employer? _____ Yes _____ No

If yes, provide name of company and details: _____

EMPLOYMENT DESIRED

For what position(s) are you applying? _____ **(Circle One):** Full-Time or Part-time

Are you able to perform the essential functions of this job, with or without reasonable accommodation? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No On what date can you begin work? _____

Provide below the days and times you will be available to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

How did you hear about us? **(Circle One):** Employee Referral (Name: _____) Walk-In In-Store
Announcement or Posting Advertisement (Where? _____) Other: _____

CURRENT/PREVIOUS EMPLOYMENT

Begin with your current or most recent employer, including military service. Include your last seven (7) years of employment history. Ensure dates and contact phone numbers are correct. Account for any break in employment of greater than one month.

Most Recent Employer

Are you currently working for this employer? _____ Yes _____ No If yes, may we contact? _____ Yes _____ No

Company Name _____ City, State _____ Phone # _____

From: _____ To: _____

Dates Employed

Job Title

Immediate Supervisor

Duties: _____ **(Circle one):** Full-time / Part-time

Reason for leaving: _____

EMPLOYMENT APPLICATION

Company Name _____	City, State _____	Phone # _____
From: _____ To: _____	Job Title _____	Immediate Supervisor _____
Duties: _____	(Circle one:) Full-time / Part-time	
Reason for leaving: _____		

Company Name _____	City, State _____	Phone # _____
From: _____ To: _____	Job Title _____	Immediate Supervisor _____
Duties: _____	(Circle one:) Full-time / Part-time	
Reason for leaving: _____		

List any skills, licenses or certificates that may be job-related or you feel might be of value in this position or to the company:

If you have completed any special courses, seminars and/or training related to the position for which you are applying, please describe:

EDUCATION

	Name	City/State	Graduated? (Y, N)	Degree Type
High School				
College/Tech				

REFERENCES

Include only individuals familiar with your work. Do not include friends, relatives or names of supervisors listed above.

Name	Address/Phone	Years Known/ Relationship

CERTIFICATION AND RELEASE

Read carefully before signing below.

My signature below confirms I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for DAV/Red Racks, DAV/Buy the Pound, City Thrift, Thrift Management Specialists, or Team Thrift (Company) to offer me employment. If I become employed by the Company, I understand that employment is for an indefinite duration and at will, meaning either the Company or I can terminate my employment at any time, with or without cause, and without prior notice. I understand no representative of the Company has the authority to make any commitment to the contrary. I understand that, depending on the requirements of the job, I may be required to be examined by a medical professional designated by the Company, complete a drug screen, submit my Motor Vehicle Record and/or complete a criminal background check. I also commit that, should an employment offer be extended to me and accepted by me, I will fully adhere to the policies, rules and behavioral expectations required by the Company.

With my signature below, I also attest that I have provided true and complete information on this application and that no requested information has been withheld or concealed. I understand that a false statement, a false answer, an omission, or a misleading statement may result in a decision not to hire me, the withdrawal of any offer of employment, or the termination of my employment with the Company regardless of when such false, misleading or erroneous information is discovered. I authorize the Company to contact my previous supervisors and/or my references for relevant employment-related information. I hereby release the Company from any/all liability of any kind and nature which, at any time, could result from obtaining and basing an employment decision on such information.

Signature

Print Name

Date