

APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

We require a post offer 10 panel pre-employment drug screen and participate in E-Verify.

(PLEASE PRINT)

Position(s) applied for: _____		Date of application: _____		
How did you learn about us? <input type="checkbox"/> Website _____ <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____				
Last Name		First Name	Middle Name	
Address	Number	Street	City	
			State	Zip Code
Telephone Numbers(s)		Social Security Number _____ - _____ - _____		
Email address: _____				

Best time to contact you: _____ AM / PM _____ Contact No.: _____

Are you 18 years of age or older? Yes No

Have you ever applied to this company before? Yes No If yes, when? _____

Have you been employed with us before? Yes No If yes, when? _____

Did a current employee refer you? Yes No
 If yes, state name: _____

Have you ever been convicted of a crime (other than a traffic violation)? Yes No
 If yes, please explain: _____

Note: Conviction will not necessarily disqualify you from employment.

Are you authorized to legally work in the United States? Yes No
Proof of citizenship or immigration status will be required upon employment through E-Verify.

Date available for work: _____ What is your desired hourly or annual salary? _____

Are you available to work: Full Time Part Time (Please indicate shift? 1st 2nd No Preference)
 Temporary (Please indicate dates available _____)

EDUCATION				
School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

ADDITIONAL INFORMATION	
State any additional information you feel may be helpful to us in considering your application, for example CNA Certification, computer skills, etc. _____ _____	
Is there any reason you cannot perform the essential functions of the position for which you are applying with or without reasonable accommodation? (Answer only after reviewing the essential functions of the job.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK EXPERIENCE			
Start with your present or last job. Include any job-related military service assignments and volunteer activities.			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Hourly Rate/Annual Salary		
Supervisor	Starting	Final	
Reason for Leaving			
If presently employed, may we contact?			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed		
Address	From	To	
Telephone Number(s)			
Job Title			
Supervisor			
Reason for Leaving			

PERSONAL REFERENCES: (Do not include family members or past supervisors.)				
Name	Phone Number	Best Time to Call	Occupation	Length of Relationship
1.				
2.				
3.				

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I authorize **Frog Furnishings** to verify the information on this application is true and correct. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, unless approved by the General Manager has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE (for supervisory use only)

Interviewed by: _____ Test Score: _____ Date: _____
 Scheduled Days: _____ Scheduled Hours: _____
 Position Applied for: _____ Day sent for drug screen: _____ Time sent for drug screen: _____ am pm