

# Stilwell Hardware Inc.

## APPLICATION FOR EMPLOYMENT

Stilwell Hardware Inc. is an Equal Opportunity Employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

(PLEASE PRINT & USE BLUE OR BLACK INK)

▶ PLEASE INDICATE BIRTHDATE (mm/dd/yy)		▶ CAN YOU UPON EMPLOYMENT, PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? , <input type="checkbox"/> Yes <input type="checkbox"/> No						
NAME FIRST		MIDDLE		LAST				
PRESENT ADDRESS				CITY		STATE	ZIP CODE	
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?		HOME TELEPHONE NUMBER		CELL NUMBER		E-MAIL ADDRESS		
WHO OR WHAT REFERRED YOU TO STILWELL HARDWARE?			HAVE YOU APPLIED WITH STILWELL HARDWARE BEFORE?					
LIST ANY FRIENDS OR RELATIVES WORKING FOR STILWELL HARDWARE.			WHAT IS YOUR NATIONALITY? <input type="checkbox"/> African-American <input type="checkbox"/> American Indian – Tribe: _____ <input type="checkbox"/> Hispanic <input type="checkbox"/> White					
PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> WHAT POSITION ARE YOU APPLYING FOR?								
AVAILABILITY: <input type="checkbox"/> ANY HOURS, ANY DAY OR WRITE THE HOURS YOU ARE AVAILABLE TO WORK EACH DAY IN THE SPACES TO THE RIGHT.		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
								CLOSED
WOULD YOU BE ABLE TO PERFORM THE FOLLOWING WITH OR WITHOUT AN ACCOMMODATION?								
STANDING FOR LONG HOURS		<input type="checkbox"/> Yes <input type="checkbox"/> No		LIFTING OVER 50 POUNDS FREQUENTLY				<input type="checkbox"/> Yes <input type="checkbox"/> No
BENDING FREQUENTLY		<input type="checkbox"/> Yes <input type="checkbox"/> No						
DO YOU HAVE ANY COMPUTER EXPERIENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No				DO YOU HAVE ANY EXPERIENCE WITH A CASH DRAWER? <input type="checkbox"/> Yes <input type="checkbox"/> No				
DO YOU HAVE A VALID DRIVER'S LICENSE?								
<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, which state:		LICENSE NUMBER:				
IF HIRED, WHEN COULD YOU START WORK?								
HAVE YOU EVER RECEIVED A DEFERRED SENTENCE OR BEEN CONVICTED OF A FELONY OR CRIME OF IMMORAL CONDUCT?  <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:				STILWELL HARDWARE IS A DRUG FREE WORKPLACE. AS A CONDITION OF EMPLOYMENT YOU MAY BE REQUIRED TO SUBMIT TO A SUBSTANCE ABUSE TEST AND A PHYSICAL EXAMINATION. DO YOU AGREE TO SUBMIT TO THESE TESTS?  <input type="checkbox"/> Yes <input type="checkbox"/> No				
TYPE OF SCHOOL	NAME AND LOCATION	GRADUATE		GRADE POINT AVERAGE	TYPE OF DEGREE			
		YES	NO					
SCHOOL								
2-YR COLLEGE OR TECH								
4-YR COLLEGE								
OTHER EDUCATION								

## WORK HISTORY

EVEN IF YOU PROVIDE A RESUME, PLEASE INDICATE YOUR WORK HISTORY. START WITH YOUR CURRENT OR MOST RECENT EMPLOYER.

**PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT**

DATES	EMPLOYER INFORMATION	POSITION HELD & MAJOR RESPONSIBILITIES	SALARY OR WAGES	REASON FOR LEAVING
FROM ____/____/____ mo / yr	NAME		START	
	ADDRESS CITY STATE		\$ _____	
	PHONE		FINAL	
TO ____/____/____ mo / yr	SUPERVISOR'S NAME		\$ _____	

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DATES	EMPLOYER INFORMATION	POSITION HELD & MAJOR RESPONSIBILITIES	SALARY OR WAGES	REASON FOR LEAVING
FROM ____/____/____ mo / yr	NAME		START	
	ADDRESS CITY STATE		\$ _____	
	PHONE		FINAL	
TO ____/____/____ mo / yr	SUPERVISOR'S NAME		\$ _____	

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	PHONE		FINAL	
TO ____/____/____ mo / yr	SUPERVISOR'S NAME		\$ _____	

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DATES	EMPLOYER INFORMATION	POSITION HELD & MAJOR RESPONSIBILITIES	SALARY OR WAGES	REASON FOR LEAVING
FROM ____/____/____ mo / yr	NAME		START	
	ADDRESS CITY STATE		\$ _____	
	PHONE		FINAL	
TO ____/____/____ mo / yr	SUPERVISOR'S NAME		\$ _____	

<b>MAY WE CONTACT THE EMPLOYERS LISTED ABOVE:?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IF NOT, WHICH ONE(S) DO YOU NOT WISH US TO CONTACT?</b>
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**PERSONAL REFERENCES**

LIST BELOW THREE INDIVIDUALS WHO ARE NOT RELATIVES AND OVER THE AGE OF 21 WHOM HAVE KNOWN YOU FOR 5 YEARS OR MORE.

NAME	OCCUPATION	ADDRESS OR EMAIL ADDRESS	TELEPHONE NUMBER

**READ CAREFULLY BEFORE SIGNING**

I certify, on penalty of dismissal that all answers and statements made by me herein and other information given by me pursuant to becoming employed by this company are true, correct, and are made in good faith. Falsification of any information will result in immediate discharge. I further certify that I understand that as part of the procedure in processing this application there may include an investigative report whereby information may be obtained through a criminal history and credit check, as well as a personal interview with me and or third parties, such as family member, business associates, former employers, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry may include information as to my character, general reputation and personal characteristics, whichever may be applicable.

I understand and agree that if hired, I will be an "at will" employee. That is, either I or Stilwell Hardware Inc. may end my employment at anytime, with or without reason. I understand that completing this document or any other document does not imply an employment contract with Stilwell Hardware Inc.

I understand that the employee Polygraph Protection Act of 1988 permits polygraph testing of employees who are reasonably suspected of involvement in a workplace incident, such as theft or embezzlement, that resulted in economic loss to the employer.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

