

Town Peddler, Inc.

Application for Employment

PLEASE PRINT ALL INFORMATION REQUESTED

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

Store Hours 10am-8pm Mon-Sat 11am-6pm Sun

Day hours: 9am-6pm Evening hours: 4pm-8pm

Days/hours you are available to work:

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER PLEAD 'GUILTY,' 'NO CONTEST,' OR BEEN CONVICTED OF A CRIME? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE ANY PHYSICAL CONDITIONS THAT HAVE PREVENTED YOU FROM PERFORMING WORK DUTIES IN THE PAST OR WOULD PREVENT YOU FROM CARRYING OUT WORK DUTIES? ___ No ___ Yes

If yes, explain _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

OFFICE ONLY

Typing Yes
 No _____ WPM

10-key Yes
 No

Word Yes
Processing No _____ WPM

Personal Yes PC
Computer No Mac

Other _____
Skills _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Large empty rectangular box for providing additional information.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes __ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? __ Yes __ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates		Pay or salary
		From	To	Start Final
Your last job title				
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates		Pay or salary
		From	To	Start Final
Your Last Job Title				
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

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Work experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip ^{Code} Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

I certify that my answers are true and complete to the best of my knowledge. I authorize Town Peddler, Inc. to make such investigations and inquiries about my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release all employers, schools, and individuals from all liability when responding to inquiries regarding my application. In the event I am employed, I understand that false or misleading information provided in this application, any employment interview, and during subsequent employment is grounds for immediate dismissal.

Signature of Applicant: _____ Date of Application _____

**TOWN PEDDLER, INC.
AUTHORIZATION FOR PRE-EMPLOYMENT
BACKGROUND CHECK**

Name _____ Date of Birth _____

Social Security No. _____ Driver's License # _____

Applicant authorizes Town Peddler, Inc. to conduct a third-party background investigation as a condition of and in consideration of potential employment at Town Peddler, Inc.

Signature of Applicant _____ Date _____

**TOWN PEDDLER, INC.
DRUG SCREENING AUTHORIZATION**

Name of Applicant: _____

Address: _____

City, State, ZIP _____

Illegal drug use by Town Peddler employees is not permitted at any time. Applicant authorizes Town Peddler, Inc. to administer pre-employment drug screening and random drug screening during employment, should applicant be hired.

Signature of Applicant _____ Date _____