

PERSONAL DATA

Please Print Legibly or Type All Information

Last Name _____ First Name _____ MI _____ Phone No. _____

Street Address _____ City _____ County _____ State _____ Zip Code _____

18 years or older Yes No If no, you will be required to provide a work permit if required by state law.

If you are a resident of Hawaii or Massachusetts, you do not need to answer this question. Have you ever been convicted of any felony; or any criminal offense involving dishonesty or breach of trust (including embezzlement, forgery, shoplifting, or criminal offenses involving drugs or violence)? Yes No For Washington residents, only answer the question if these offenses have occurred within the last 7 years. If yes, explain in full, indicating date, charge, place, action taken (Note: a conviction record will not necessarily bar individuals from employment):

EMPLOYMENT DESIRED

What position are you applying for? Sales Clerk Production Store Management Other

Schedule preferred: Full Time Part Time Eve/Weekends When can you report to work? _____

Are there any hours, shifts or days you cannot work? Yes No If yes, when? _____

Have you worked for **Savers, Inc.** before? Yes No If yes, dates started/left/reason for leaving _____

Are you authorized to accept employment in the United States? Yes No

(successful applicants will be required to provide identity and eligibility for employment)

Do you have any relatives now working for **Savers, Inc.**? Yes No Name(s) _____

How were you referred to our company? _____

Wage/Salary desired: _____

EDUCATION

Type	Name / Address	Number yrs. completed	Diploma/Degree
High School	_____	_____	_____
College/University	_____	_____	_____
Vocational/ Technical Training	_____	_____	_____
Other	_____	_____	_____

EMPLOYMENT RECORD

BEGIN WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT FOR THE LAST 10 YEARS. (ATTACH ADDITIONAL SHEETS IF NECESSARY.)

I EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY & STATE (ZIP)						
PHONE NO. ()	TYPE OF BUSINESS					

EXPLAIN ANY TIME IN EXCESS OF TWO (2) WEEKS BETWEEN JOBS:

II EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY & STATE (ZIP)						
PHONE NO. ()	TYPE OF BUSINESS					

EXPLAIN ANY TIME IN EXCESS OF TWO (2) WEEKS BETWEEN JOBS:

III EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY & STATE (ZIP)						
PHONE NO. ()	TYPE OF BUSINESS					

EXPLAIN ANY TIME IN EXCESS OF TWO (2) WEEKS BETWEEN JOBS:

IV EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY & STATE (ZIP)						
PHONE NO. ()	TYPE OF BUSINESS					

EXPLAIN ANY TIME IN EXCESS OF TWO (2) WEEKS BETWEEN JOBS:

HAVE YOU EVER BEEN DISCHARGED (FIRED) OR FORCED TO RESIGN FROM ANY EMPLOYMENT? ___ NO ___ YES
IF YES, Please list employer and explain:

PERSONAL AND/OR BUSINESS REFERENCES

LIST TWO (2) CHARACTER REFERENCES OTHER THAN RELATIVES OR FORMER EMPLOYERS WHO HAVE KNOWN YOU WITHIN THE LAST 3 YEARS.

NAME	OCCUPATION	BUSINESS PHONE ()
HOME ADDRESS	HOME PHONE ()	TITLE
CITY AND STATE (ZIP)	RELATIONSHIP	
HOW LONG KNOWN		
NAME	OCCUPATION	BUSINESS PHONE ()
HOME ADDRESS	HOME PHONE ()	TITLE
CITY AND STATE (ZIP)	RELATIONSHIP	
HOW LONG KNOWN		

REFERENCES (Office Use Only)

VERIFY all Employment Record Information listed (i.e. employment dates, duties, wages, reason for leaving).

Company and/or person contacted: _____

1. Verify dates of employment: _____ Salary/wages: _____

2. Verify Position: _____ Reason for leaving: _____

3. How would you rate their ability to work with customers? _____

4. How did they get along with supervisors and coworkers? _____

5. Were they a team player? _____

6. Were they reliable, dependable, and prompt? _____

7. Did they leave voluntarily? _____ Involuntarily? _____

8. Would you rehire? _____

9. Would you care to make any other comments? _____

Company and/or person contacted: _____

1. Verify dates of employment: _____ Salary/wages: _____

2. Verify Position: _____ Reason for leaving: _____

3. How would you rate their ability to work with customers? _____

4. How did they get along with supervisors and coworkers? _____

5. Were they a team player? _____

6. Were they reliable, dependable, and prompt? _____

7. Did they leave voluntarily? _____ Involuntarily? _____

8. Would you rehire? _____

9. Would you care to make any other comments? _____

Company and/or person contacted: _____

1. Verify dates of employment: _____ Salary/wages: _____

2. Verify Position: _____ Reason for leaving: _____

3. How would you rate their ability to work with customers? _____

4. How did they get along with supervisors and coworkers? _____

5. Were they a team player? _____

6. Were they reliable, dependable, and prompt? _____

7. Did they leave voluntarily? _____ Involuntarily? _____

8. Would you rehire? _____

9. Would you care to make any other comments? _____

Company and/or person contacted: _____

1. Verify dates of employment: _____ Salary/wages: _____

2. Verify Position: _____ Reason for leaving: _____

3. How would you rate their ability to work with customers? _____

4. How did they get along with supervisors and coworkers? _____

5. Were they a team player? _____

6. Were they reliable, dependable, and prompt? _____

7. Did they leave voluntarily? _____ Involuntarily? _____

8. Would you rehire? _____

9. Would you care to make any other comments? _____

PERSONAL AND/OR BUSINESS REFERENCES (Office Use Only)

1. How long have you known this person? _____ 2. Are they reliable/dependable? _____

3. How would you describe this person? _____ 4. Do they have any shortcomings? _____

5. What can you tell us that would be helpful in making a hiring decision? _____

1. How long have you known this person? _____ 2. Are they reliable/dependable? _____

3. How would you describe this person? _____ 4. Do they have any shortcomings? _____

5. What can you tell us that would be helpful in making a hiring decision? _____

ADDITIONAL INFORMATION

List any other experience, skills, or other qualifications including hobbies, which you believe should be considered when evaluating your application for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

If you are offered a position will you be able to attend work consistently with or without a reasonable accommodation? Yes No

It is essential for all of our employees who unload trucks, carry material and goods, stock shelves and handle merchandise to stand for long periods of time, lift items weighing up to 30 lbs., and push carts weighing 20-40 lbs. If the position which you are applying for requires the tasks stated above, are you capable of performing these tasks with or without reasonable accommodation? Yes No

IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME		HOME ADDRESS	HOME PHONE ()
RELATIONSHIP	WORK ADDRESS		WORK PHONE ()

AGREEMENT

I understand that if I am hired my employment is not confined to a fixed term or contract. In consideration of my employment, I agree that my employment can be terminated with or without notice at any time at the option of Savers or myself. I also understand that no representative of Savers other than the President has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that the Company will thoroughly investigate my work and personal history and will verify all data given on this application, or related papers, and in interviews. Please be advised that Savers, Inc. may seek information concerning criminal conviction records from appropriate public or private agencies. I authorize all individuals, schools, public or private agencies, and firms named, except my current employer if so noted, to provide any information lawful and relevant to my qualifications for employment, and I release them, and you, Savers, Inc., from all liability which might result from lawful transmittal, receipt or use of this information. I further understand that my employment with Savers, Inc. is contingent upon passing all background checks, reference checks and any other screening tool utilized by Savers, Inc. and that failure to pass these screenings may result in dismissal or refusal of employment.

I agree to provide identification and employability documents if I am hired. Failure to do so within the required time limit will result in immediate termination.

I agree to complete a fidelity bond application at the time of hire for purposes of insuring the company against theft or loss of money and securities, if relevant to the position I am applying for.

I certify that all the statements herein are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission on this application (or any accompanying or supporting documents) shall be sufficient reason for dismissal or refusal of employment, regardless of when or how discovered.

Signature: _____ Date _____