



The information on this application will in no way be used for any discriminatory purpose. Any item on the form which you feel tends to be discriminatory need not be completed. Employment and advancement in the Company is determined by a person's qualifications and abilities without regard to race, color, age, religion, sex or national origin.

### EMPLOYMENT APPLICATION

(PLEASE PRINT OR TYPE)

Referred By _____
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An Equal Opportunity Employer

Manager **MUST** Stamp Store name and location in above space

PERSONAL	POSITION DESIRED		SALARY DESIRED			PHONE NO.	
	NAME Last		First	Middle		SOCIAL SECURITY NUMBER	
	PRESENT ADDRESS Street and Number			City		State	Zip Code
	List of Relatives and Friends now in Employ of this Corp.						
	Are you a citizen of the United States: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT: Do you have the legal right to remain in the United States permanently? <input type="checkbox"/> YES <input type="checkbox"/> NO						
EDUCATION AND TRAINING	In Case of Emergency Notify		Full Name		Address		Telephone number
	SCHOOL	NAME AND LOCATION			Circle last year completed		SUBJECTS
	Junior High				7 8 9		MAJOR
	High School				10 11 12		DEGREE
	College				1 2 3 4		
	Graduate School						
	Technical or Business School						
	Special Training or Courses						
If You Have Served Apprenticeship (Name, Trade, Vocation)		At What Company		City and State		Periods of Time	
What Foreign Languages Do You Speak Fluently?				Read?		Write?	
SPECIAL SKILLS	CHECK SKILLS YOU POSSESS:						
	<input type="checkbox"/> Accounting		<input type="checkbox"/> Office Machines Operated		<input type="checkbox"/> Pricing		<input type="checkbox"/> Shipping
	<input type="checkbox"/> Bookkeeping		_____		<input type="checkbox"/> Purchasing		<input type="checkbox"/> Typing _____ WPM
	<input type="checkbox"/> Computer		_____		<input type="checkbox"/> Receiving		<input type="checkbox"/> Packing
		_____		<input type="checkbox"/> Sales Experience		<input type="checkbox"/> Supervisory Experience	
FRAMING MACHINES OPERATED:							
Chopper		_____		(Brand Name)		SPECIALTY FRAMING EQUIPMENT _____	
Mat Cutter		_____				_____	
Combo Cutter		_____				_____	
Oval Cutter		_____				_____	
Joining Equipment		_____				_____	
Vice and Nail Set		_____				_____	
Saw		_____				_____	

EMPLOYMENT HISTORY Must Include Last 5 Years. Attach Additional Sheet If Necessary.	EMPLOYER (Please show present or last employer first)	DATES MONTH YEAR	JOB TRAINING NATURE OF BUSINESS	IMMEDIATE SUPERVISOR	REASON FOR LEAVING	
	Firm	From	Job Title	Name		
	Address Phone	To	Nature of Business	Title		
	Firm	From	Job Title	Name		
	Address Phone	To	Nature of Business	Title		
	Firm	From	Job Title	Name		
	Address Phone	To	Nature of Business	Title		
	Firm	From	Job Title	Name		
	Address Phone	To	Nature of Business	Title		
	Firm	From	Job Title	Name		
	Address Phone	To	Nature of Business	Title		
REFERENCES No relatives or employees	NAME	ADDRESS & PHONE		FIRM	POSITION	YEARS KNOWN
PHYSICAL	Do you have any physical or mental limitations which would significantly impair your ability to perform the job for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	If yes, please describe:					
MILITARY	Branch of U.S. Service					
	Military Occupational Speciality					

In the event of my employment and in consideration thereof, I agree that-

1. Employment is contingent upon my continuing to satisfactorily perform the physical duties of my job, and upon the company's receipt of satisfactory character and experience references.
2. If at any time I make claim against the Company for personal injuries, I will submit to examination by a physician or physicians of the Company's selection, as often as may be requested, and upon my refusal or failure to do so within ten days after such request by the Company, the claim shall be deemed waived.
3. In the event of injury, I will accept compensation under such Workmen's Compensation Act as may be applicable.
4. I hereby authorize my former employers to furnish the Company or its insurers or other authorized representatives as complete history of my employment, together with any information they may have concerning my personal character, habits, ability, health, and cause of my leaving their employ; and I

hereby agree that my former employers and the Company shall not be subject to any liability of any kind or character by reason of complying with the above.

5. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and/or for separation from the Company's service if I have been employed.

6. In our business we handle decorative accessories. We must employ those who can be trusted to handle such merchandise. I understand that the taking or using of the Company's merchandise for personal use from any source is to be considered a dishonest act and reason for immediate discharge and/or prosecution.

7. I hereby agree, in the event of employment by this Company that such employment is the will of the company and may be terminated by it at any time.

I certify that all statements made in this application are absolutely true.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

FOR COMPANY USE ONLY

STARTING RATE \_\_\_\_\_

STARTING DATE \_\_\_\_\_

POSITION \_\_\_\_\_

DEPARTMENT \_\_\_\_\_