

# EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_  
Street City State Zip Code

SOCIAL SECURITY NUMBER \_\_\_\_\_ Are you 18 years or older?  YES  NO

PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ PAGER # \_\_\_\_\_ WORK # \_\_\_\_\_

Are you legally able to work in the U.S.A.?  YES  NO

Salary Requirements \$ \_\_\_\_\_ If the job needs one, I have a current VALID driver's license?  YES  NO

Have you ever been convicted of a misdemeanor or felony?  YES  NO. Convictions may not stop you from being eligible for hire. Please describe any convictions: \_\_\_\_\_

Have you signed a non-compete agreement or employment contract in the past year or so?  YES  NO. If yes, describe: \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

I desire to work:  FULL-TIME  PART-TIME  TEMPORARY

I PREFER to work what shift(s)?  DAY SHIFT  EVENING SHIFT  NIGHT SHIFT  ANY SHIFT

What hours can you work? MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_  
From - To From - To From - To

THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_ SUNDAY \_\_\_\_\_  
From - To From - To From - To From - To

Are you employed now?  YES  NO. If yes, may we inquire of your current employer?  YES  NO

Do you plan to work another job? If yes, what hours? \_\_\_\_\_

## TRANSPORTATION

I have reliable transportation to: (check all that apply)

- All Hampton Roads work assignments  It matters based on the shift I work  
 Just those close to a bus stop / other public transportation  I do not have reliable transportation - I walk to work  
 Just those close to my residence  I don't know  
 Just those where a friend or family could drop me off

## JOB REQUIREMENTS

Have you ever worked for a company in our industry before?  YES  NO. If yes, when? \_\_\_\_\_

What Company? \_\_\_\_\_ What State? \_\_\_\_\_

Why do you want to work for our company? \_\_\_\_\_

What behaviors are needed to be successful in this job? \_\_\_\_\_

EDUCATION	NAME OF SCHOOL	LOCATION	# YEARS	GRAD?	DEGREE NAME
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
Trade, business or other school					

**MILITARY SERVICE**

U.S. Military [ ]YES [ ]NO National Guard [ ]YES [ ]NO. Branch \_\_\_\_\_ Rank \_\_\_\_\_  
Active Now? [ ]YES [ ]NO Position Title or Summary \_\_\_\_\_

**EMPLOYMENT HISTORY**

List your last five (5) employers, assignments or volunteer activities, starting with the most recent, including military experience.  
**Explain any gaps in employment in the comments section below.**

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
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SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
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SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
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EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

Comments, including explanation of gaps of employment \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that all the information submitted by me on this application is true and complete. 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. In consideration of my employment, I agree to conform to the company's rules, regulations and Supervisor's directions. I agree that my employment is at-will, and that my employment and compensation can be terminated, with or without cause, and with or without notice, 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, other than the President, and then only in writing, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the forgoing. **I further authorize all work related verifications of employment, education, training or other work related information, as well as credit or criminal records checking. I authorize all of this information to be provided to the company or their agent and release them from any liability which might be claimed. If required, I agree to fully participate and complete the required pre-employment drug screening.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
DATE



## **NOTICE TO ALL PARTICIPANTS DRUG SCREENING REQUIREMENTS**

*On June 1, 1999, the Company will begin implementation of a drug testing program for applicants. This program will involve testing of the potential employee of the Company.*

*As part of the employment process and after a conditional offer of employment has been extended, potential employees will be required to cooperate in the collection of a urine specimen administered by qualified medical or laboratory personnel designated by the company. Testing of the specimen will be conducted by a company-approved biomedical testing laboratory with demonstrated expertise and procedures to ensure proper handling and reporting of results. In the event of a confirmed positive test result, the conditional offer of employment will be revoked and the hiring process will be terminated immediately.*

\* Please complete consent form on back ⇒



APPLICANT INFORMED CONSENT TO DRUG TESTING  
AND RELEASE OF LIABILITY AND MEDICAL INFORMATION

I understand and agree that I am required, as a potential employee, to submit a sample of my urine for chemical testing as a part of my pre-employment screening. It is understood that the urine sample will be taken in the offices of a company designated laboratory and analyzed by qualified medical or laboratory personnel. Further, I understand this analysis will be used to determine the presence, if any, of non-prescribed, unauthorized or prohibited controlled substances in my urine.

I freely and voluntarily consent to this request for a urine specimen. I hereby release and hold harmless the Company, the laboratory, the property owner and their respective employees, agents, contractors, officers, directors and affiliates from any liability whatsoever arising from the request for a urine sample, the testing of the urine sample, and any decisions made on the basis of analysis. I further freely voluntarily authorize the company-designated laboratory to release to the Company all test results of the drug screening urine test as permitted by law.

I understand that a document chain of specimen custody will be made to ensure the identify and integrity of my urine sample throughout the collection and testing process.

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

*Date*

\_\_\_\_\_  
*Signature of Witness*

*Date*

*Social Security Number:* \_\_\_\_\_

# Release and Authorization Statement

I authorize the procurement of a consumer report on me.

In connection with this request, I authorize all corporations, companies, former and current employers, consumer reporting agencies, educational institutions, law enforcement agencies, motor vehicle departments, city, state, county, and federal courts, military services, and persons to release information they may have about me to Retail Merchants Association of Tidewater Virginia, Inc. dba Retail Alliance and it's agent, with which this form has been filed and release all parties involved from any liability and responsibility for doing so.

This authorization, in original, fax or copy form, shall be valid for this and any future reports or updates that may be requested.

PLEASE PRINT:

\_\_\_\_\_  
(Last Name)                      (First Name)                      (Middle Initial)

\_\_\_\_\_  
(Maiden Name/Former Name)

\_\_\_\_\_  
(Current address, city, state, & zip)

\_\_\_\_\_  
(Former address, city, state, & zip)

\_\_\_\_\_  
(Social Security Number)                      (Date of Birth)\*

\_\_\_\_\_  
(Driver License Number)                      (State of Issue)

\_\_\_\_\_  
(Signature)                      (Date)

- Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.