

HIRING FULL TIME ONLY / SE SOLICITA PERSONAL TIEMPO COMPLETO

Starting Wage **\$16.25** Per Hour
 * Includes \$1.15 Prorated Average Sales Bonus
 Depending on Salesmanship

**ALL APPLICANTS ARE SUBJECT TO
 PRE-EMPLOYMENT DRUG TEST AND
 CRIMINAL RECORD SEARCH**

PERSONAL INFORMATION

FULL NAME (FIRST) (MIDDLE) (LAST)			CELLPHONE NUMBER	TELEPHONE NUMBER (NIGHT)
PRESENT STREET ADDRESS:			PREVIOUS STREET ADDRESS PRIOR TO YOUR CURRENT ADDRESS	
CITY	ZIP CODE	HOW MANY YEARS?	CITY	STATE
CA.				
IN CASE OF AN EMERGENCY, NAME OF TWO PEOPLE TO CONTACT WHO LIVE WITH YOU:			IN CASE OF AN EMERGENCY, NAME OF PERSON TO CONTACT WHO DOES NOT LIVE WITH YOU:	
FIRST NAME:			NAME:	
PHONE #	RELATION TO YOU:		PHONE#	(NIGHT)
SECOND NAME:			ADDRESS:	
PHONE #	RELATION TO YOU:		RELATION TO YOU:	

EMPLOYMENT AVAILABILITY INFORMATION

POSITION DESIRED:	ARE YOU CURRENTLY ATTENDING SCHOOL? YES <input type="checkbox"/> NO <input type="checkbox"/>	SALARY DESIRED?	DRIVER LICENSE #	SOCIAL SECURITY NUMBER
ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE AVAILABLE TO WORK?	DO YOU HAVE RELIABLE TRANSPORTATION? YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE DESCRIBE: _____	NUMBER OF HOURS DESIRED _____ FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	
IF HIRED, ARE YOU ABLE TO PROVIDE PROOF BY WAY OF GREEN CARD, WORK PERMIT OR CITIZENSHIP YOUR WORK ELIGIBILITY?				ARE YOU 18 YEARS OLD OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>
WE NEED TO ACCOMMODATE YOU IN LIFTING ASSIGNMENTS IF YOU HAVE PRIOR INJURIES. DO YOU HAVE ANY CURRENT OR PRIOR INJURIES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN: _____			IF REQUESTED ARE YOU WILLING TO TRAVEL UP TO 40 MINUTES TO ANOTHER LOCATION YES <input type="checkbox"/> NO <input type="checkbox"/>	
WHICH RETAIL STORE ARE YOU APPLYING FOR? <input type="checkbox"/> SHOE CITY STORES <input type="checkbox"/> SHOE CITY WAREHOUSE		DO YOU NEED ACCOMMODATION FOR SCHEDULING?		

EDUCATION

NAME OF HIGH SCHOOL:	CITY	STATE	CIRCLE YEARS COMPLETED	YEAR GRADUATED
			1 2 3 4	
COLLEGE:	CITY	STATE	1 2 3 4	
OTHER:	CITY	STATE	1 2 3 4	

WHAT LANGUAGES ARE YOU ABLE TO SPEAK?

CO-WORKER REFERENCES

NAME OF CURRENT OR PREVIOUS CO-WORKER	CO-WORKER CURRENT EMPLOYER	HOME PHONE	WORK PHONE
NAME OF CURRENT OR PREVIOUS CO-WORKER	CO-WORKER CURRENT EMPLOYER	HOME PHONE	WORK PHONE
NAME OF FRIEND OR RELATIVE CURRENTLY EMPLOYED WITH US?			
HAVE YOU PREVIOUSLY WORKED FOR SHOE CITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, AT WHICH LOCATION? _____ WHEN? _____			

EMPLOYMENT HISTORY

-ANSWER EVERY QUESTION OR YOUR APPLICATION WILL NOT BE PROCESSED-

FROM MO/YR. TO MO/YR.	CURRENT/PREVIOUS EMPLOYER'S NAME	TYPE OF BUSINESS	POSITION/TITLE START FINISH
STREET ADDRESS		TELEPHONE NUMBER ()	MAJOR DUTIES:
CITY	STATE	ZIP CODE	WHY WERE YOU DISCHARGED? (PLEASE BE DESCRIPTIVE)
NAMES OF TWO IMMEDIATE SUPERVISORS 1) 2) <input type="checkbox"/>		MAY WE CONTACT	WHY NOT OR WHY YES? _____
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
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		YES <input type="checkbox"/> NO <input type="checkbox"/>	

" I certify all the statements in this application and in other documents I have signed to be true and correct. I authorize investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts is cause for immediate dismissal. I also consent to have a pre-employment drug screening test, and personality test, and I understand that information concerning such examination will be kept confidential.

As an express condition of my employment with the Company I agree and acknowledge and understand that my Term of Employment is not for a specified period of time and is "at- will". Accordingly, employment can be terminated with or without cause, at any time at my option or at the option of the company. No conduct or practice of the company can modify this at-will employment. No oral statements can modify this policy. Any agreement for a Term of Employment other than at-will is valid only if in writing and signed by the President of the Company.

APPLICANTS SIGNATURE

DATE