

1620 N Westgreen Blvd Katy TX 77449 281-578-5335

info@katyfurniture.com

EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE	PLEASE PRINT OR TYPE			Today's Date			
First Name			Last Name	Preferred	I Name/Nickname		
Street Address		City	State		Zip Code		
Home Phone	Alterna	Alternate/Work Phone		Email Address			
PLEASE PLACE A CHECK I	BY YOUR RESPOSE	OR PROVIDE T	HE APPROPRIAT	E INFORMATION			
Are you interested in:			Full Time	Part Time	Temporary		
What schedule would you p	orefer?	Weekdays	Weekends	Evenings	Nights		
How did you hear about the	position?	Classified Ad	Friend (Name	e) Radio	Internet		
Desired Pay: Hourly Pa (Minimum,	y if applicable)	\$	Annual Pay _	\$ Minimum	\$ Desired		
When are you able to start v	work?	Date:					
In what local area do you pr	refer to work?						
Position desired:							
PLEASE CHECK YES OR NO TO THE	FOLLOWING:						
Are you authorized to work in the	United States?		Yes	No			
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Katy Furniture will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.							
Are you under 18 years of age?			Yes	No			
If yes, can you furnish a work perm	nit?		Yes	No			
Are you capable of performing the e which you are applying with or with			Yes	No			





PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

	COMPANY MANE			VOLID DOCITION and TITLE		
	COMPANY NAME			YOUR POSITION and TITLE		
FDOM	NO A STREET					
FROM	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION		
//						
Month Year						
	CITY	STATE ZIP CODE		SUPERVISOR'S TELEPHONE NUMBER		
	TVDE OF BUILDING		OTABTINO DAY		L FINAL DAY	
	TYPE OF BUSINES	58	STARTING PAY		FINAL PAY	
			\$		\$	
TO	TELEPHONE NUM	DED	TERMINATION		REASON	
10	TELEPHONE NOW	DEK	TERMINATION		REASON	
/	()		VOLUNTAI	RY		
Month Year			INVOLUNT	ARY		
	BRIEFLY DESCRIB	E YOUR MAJOR DUT	IES AND REASON(S)	FOR TERM	INATION	
	COMPANY NAME			YOUR POSITION and TITLE		
FROM	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION		
//						
Month Year						
	CITY	STATE	ZIP CODE	SUPER\	/ISOR'S TELEPHONE NUMBER	
	TYPE OF PURINE		CTARTING DAY		FINIAL DAY	
	TYPE OF BUSINES	55	STARTING PAY		FINAL PAY	
			\$		\$	
TO	TELEPHONE NUM	DED	TERMINATION		REASON	
10			TERMINATION	REAGON		
/	() VOLUNTA		RY			
	\ /					
Month Year	,		INVOLUNT	ARY		
Month Year		E YOUR MAJOR DUT			INATION	
Montn Year		E YOUR <u>MAJOR DUT</u>			INATION	
wontn Year		E YOUR <u>MAJOR DUT</u>			INATION	
wontn Year		E YOUR <u>MAJOR DUT</u>			INATION	
wontn Year		E YOUR <u>MAJOR DUT</u>			INATION	





EDUCATION:

NAME AND ADDRESS		MAJOR SUBJECT		TYPE OF DEGREE OR DIPLOMA
IGH SCHOOL OR PREP				
COLLEGE				
COLLEGE OR GRADUATE				
OTHER				
ROFESSIONAL DESI		UO DEGIONATION	DATE COL	ADJETED.
DESIGNATION	ORGANIZATION GRANTIN	NG DESIGNATION	DATE COM	MPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION		DATE COMPLETED	
ROFESSIONAL LICE	NSES:			
ROFESSIONAL LICE	NSES: STATE GRANTING LICEN	SE	LICENSE N	NUMBER
			LICENSE N	
TYPE OF LICENSE	STATE GRANTING LICEN	SE		
TYPE OF LICENSE	STATE GRANTING LICEN STATE GRANTING LICEN	SE	LICENSE	
TYPE OF LICENSE TYPE OF LICENSE REFERENCES	STATE GRANTING LICEN STATE GRANTING LICEN : Please list three profession	onal references	LICENSE	NUMBER
TYPE OF LICENSE TYPE OF LICENSE REFERENCES	STATE GRANTING LICEN STATE GRANTING LICEN : Please list three profession	onal references	LICENSE	NUMBER
TYPE OF LICENSE TYPE OF LICENSE REFERENCES	STATE GRANTING LICEN STATE GRANTING LICEN : Please list three profession	onal references	LICENSE	NUMBER



1620 N Westgreen Blvd Katy TX 77449 281-578-5335

info@katyfurniture.com

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Katy Furniture (Company) and me, and that in the event I am hired, my employment will be "at will" and either the Katy furniture or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Katy Furniture's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize Katy Furniture and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED:	DATE:	