

APPLICATION FOR EMPLOYMENT

NOFO RETAIL

1. Personal Information

NAME (LAST NAME FIRST)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIPCODE
PERMANENT ADDRESS	CITY	STATE	ZIPCODE
EMAIL	PHONE NUMBER	REFERRED BY	

2. Employment Desired

POSITION	DATE YOU CAN START	HOURS DESIRED
ARE YOU EMPLOYED?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO	WHEN?
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO	WHERE?	

3. Education History

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	DEGREE EARNED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

4. Retail Experience

List below last four employers, starting with last one first

MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

5. Former Employers (if different from section 4)

DATE (MONTH / YEAR)	EMPLOYER NAME & ADDRESS	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

6. Have you had experience with the following?

WHERE?

DISPLAY AND MERCHANDIZING	
CASHIER/ REGISTER	
CUSTOMER SERVICE	
SALES	
GIFT WRAP/ GIFT BASKETS	
MANAGEMENT	
COFFEE/ CANDY	

7. References Give below the names of at least two persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation on all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. And release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company 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, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date

Signature

Interview by

Date