

PLEASE PRINT ALL INFORMATION
REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

ROUND TOP MERCANTILE COMPANY

PLEASE COMPLETE PAGES 1-5

DATE: _____

Name: _____
Last First Middle Maiden

Present Address: _____
Number Street City State Zip

How long?: _____ Social Security No.: _____

Telephone: (____) _____ Cell phone: (____) _____

Email: _____

If under 18, please list age: _____

Position Applied for: _____

Salary Desired: _____

Days/Hours Available to work:

___ No Preference

___ Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

How many hours can work weekly? _____

Can you work evenings? _____ Can you work weekends? _____

Employment Desired: ___ FULL TIME ___ PART TIME ___ FULL-OR-PART TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business/Trade				
Professional				

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MILITARY:

Have you ever been in the armed forces? ___ YES ___ NO

Are you now a member of the National Guard? ___ YES ___ NO

Specialty: _____ Date Entered: _____ Date Discharged: _____

Work Experience

Please list your work experience for the past **five years** beginning with the most recent job held.

If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of

Employer: _____

Address: _____

Phone Number: _____ Name of Last Supervisor: _____

Employment Dates: _____ until _____

Pay or Salary: Start: _____ Final: _____

Your last job title: _____

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Employer: _____

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Employer: _____
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Phone Number: _____ Name of Last Supervisor: _____

Employment Dates: _____ until _____

Pay or Salary: Start: _____ Final: _____

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May we contact your present employer? ____ YES ____ NO

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PLEASE READ THE FOLLOWING CAREFULLY.

I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal.

I understand that all such information is subject to verification by Round Top Mercantile Company, and hereby give my consent to Round Top Mercantile Company to investigate my background and qualifications using any means, sources, and outside investigators at its disposal.

I agree to undergo any type of drug and/or alcohol testing that Round Top Mercantile Company may require at any time.

Finally, I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or Round Top Mercantile Company may terminate my employment at any time, with or without notice or reason.

Signature of Applicant: _____ Date: _____

Did you complete this application yourself? ____ YES ____ NO

If not, who did? _____

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without the regard to race, color, religion, sex, spiritual belief, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.