



MAINLAND



MAINLAND SKATE AND SURF, INC.

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APPLICATION FOR EMPLOYMENT TO SUBMIT IN-STORE

Attach a copy of Applicant's Social Security card and Identification (Driver's License, I.D. card) to Application

We are an "at-will," equal-opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin or marital status. All offers of employment are contingent on applicant passing a job-related physical examination.

PERSONAL INFORMATION

Date:

Last Name	First Name	Middle	Social Security Number	
Address		City	State	Zip Code
Phone Number	Position and Wage Desired	Date you can start	Are you 18 or older?	
Email Address		How were you referred to us?		

Are you a citizen of the United States? Yes No **If no**, are you authorized to work in the United States? Yes No

Have you ever worked for this company before: Yes No If so, when?

EDUCATION	Name and Location	Grade Completed/Graduate?	Studies/Degree
HIGH SCHOOL		1 2 3 4 / Yes <input type="checkbox"/> No <input type="checkbox"/>	
COLLEGE		1 2 3 4 / Yes <input type="checkbox"/> No <input type="checkbox"/>	
TRADE OR BUSINESS		1 2 3 4 / Yes <input type="checkbox"/> No <input type="checkbox"/>	

This must be filled out even if a resume is provided!

FORMER EMPLOYMENT

List below your last employers or major periods of employment (1 month or more) starting with the last one first

From	Name	
To	Address	Reason for Leaving
Job Title	Job Responsibilities	
Supervisor's Name and Title		Phone
Ok to contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
From	Name	
To	Address	Reason for Leaving
Job Title	Job Responsibilities	
Supervisor's Name and Title		Phone
Ok to contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
From	Name	
To	Address	Reason for Leaving
Job Title	Job Responsibilities	
Supervisor's Name and Title		Phone
Ok to contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		

REFERENCES List below three persons not related to you whom you have known at least one year

Name	Address/Phone	Years Acquainted

Are you able to perform the tasks of the job applied for? Yes No (This may be with or without accommodation.)
 Your hire may be contingent on passing a medical examination and/or skill and agility tests.

SPECIAL SKILLS

Word Processing Experience Yes No Program(s):

Other Computer Experience Yes No Program(s):

Hours available for work			Comments
Monday	From:	To:	
Tuesday	From:	To:	
Wednesday	From:	To:	
Thursday	From:	To:	
Friday	From:	To:	
Saturday	From:	To:	
Sunday	From:	To:	

On a separate sheet of paper answer these questions:

1. What sets YOU apart from every other applicant? In other words, why should we choose you over someone with comparable qualifications?
2. Name 2 things that you are really good at. What is one accomplishment that you are the most proud of? Why?
3. Name 2 things that you could improve on as an employee or something your previous manager has talked to you about improving. If you have not worked in retail before, name 2 things that you want to improve about yourself generally.
4. If you saw another employee doing something against company policy (stealing, eating on the clock, using their cell phone on the clock, etc.), what would you do if you were to take action?
5. Where do you see yourself 5 years from now?
6. Would you like to add anything else about yourself?

AUTHORIZATION: I authorize investigation on all statements contained in this application. I understand that misrepresentation or omission of any information supplied in the application process is cause for dismissal. Further, I understand and agree that my employment is "at will," which is for no definite period and may regardless of the method of payment of my wages or salary be terminated at any time without cause and without any previous notice. I also accept the employer's right to enter into an Alternative Dispute Resolution Procedure to resolve employment disputes.

Signature _____ Date _____ I-9 Form (✓) _____ Driver's License # _____

In Case of Emergency Notify:
 Name _____ Phone _____ Relationship _____

Note: Applications are effective for a period of 70 calendar days. Re-apply to maintain an effective application.

PLEASE FILL OUT AND SUBMIT IN-STORE! IF SENT THROUGH EMAIL APPLICATION WILL BE IGNORED!