

Name

Application for Employment

Interviewed by: Position(s) for Which Hours avail.: You are Applying _____ Starting Date: Today's date: Starting Wage: Home (Street) Address City State zip How Long at Current Residence _____ Year(s) ____ Month(s) Social Security Number _

Other Telephone ()

For office use only

Employment History

Home Telephone ()

Dates of Employment (Begin with Most Recent)	Organization Name and address	Position(s) Held; Responsibilities	Reason for Leaving	May we contact your supervisor? (Include supervisor's name)
Start Date:			☐ Involuntary ☐ Voluntary Reason for Leaving	☐ Yes ☐ No Supervisor's name
				Phone Number:
Start Date:			☐ Involuntary ☐ Voluntary Reason for Leaving	☐ Yes ☐ No Supervisor's name
End Date:				Phone Number:
Start Date:			☐ Involuntary ☐ Voluntary Reason for Leaving	☐ Yes ☐ No Supervisor's name
End Date:				Phone Number:
How long have resided on the P		Do you have your own tr	ansportation to work?	
Reason for living here?		Virginia Driver's License number:		
		Have you ever been convicted of any motor vehicle violations? If yes, how many in the past 3 yrs		
Are you	over 18 years old? -	< Please fill	out the back of this	application as well>

Applicant's Signature:	Date:
DO NOT SIGN UNTIL YOU HAVE READ AND INITIAL	ED THE ABOVE STATEMENTS.
religion, sex, age, veteran or marital status, disability, go organization is an equal opportunity employer and make and factors other than on the basis of the race, color, no	enetics, sexual orientation, or any other protected category of individuals. This es hiring and other employment decisions based on job-related qualifications, abilities, ational origin, religion, sex, age, veteran or marital status, disability, genetics, sexual els. (For further information, please consult this organization's EEO policy.)
	mination in any form, including harassment, on the basis of race, color, national origin,
and I have the right to terminate this employment relation. No verbal promises or guarantees can change this at-w	ip with this organization is an "at-will" relationship, meaning that both the organization onship at any time for no reason or for any reason, as long as that reason is not illegal. vill relationship. Any changes to the at-will relationship or its terms must be in writing, for igned by me and by an authorized officer of this organization. (For further information,
consideration of this application. You may contact any remight be relevant to the position for which I am applying	c, as well as personal and professional background checks, for the purposes of references, past and current employers, and any other individual or organization that g except for those specifically excluded in writing on this application. I hereby release all reganizations from any and all liability for damages that might occur in connection with
	on, please review and initial each of the statements below: on are true and that any misrepresentation or omission may result in rejection of my y time
Mon Tues Wed	Thurs Fri Sat Sun
Availability Are you available to work	able to work any hours of the day? YES: NO: k?
Why did you decide to apply at Anderson's H	Home & Garden Showplace:
	trengths?
	l in this position:
Skills	
	Do you have plans to attend school in the future?
Education Highest Education Achieved:	Major: