



Hank's Furniture, Inc. dba Home Place Furniture

Application for Employment

(For Store Use Only) Store No. and Location _____

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Last Name _____			First _____	Middle _____	Date _____
Street Address _____					Home Telephone _____
City, State, Zip _____					Business Telephone _____
Have you ever applied for employment with us? <input type="checkbox"/> YES <input type="checkbox"/> NO					Social Security No. _____
If yes: Month and Year _____ Location _____					Pay Expected _____
Position Desired: _____			Were you referred by a Hank's/Home Place employee? <input type="checkbox"/> NO If yes, who? _____		Will you work over-asked? <input type="checkbox"/> YES <input type="checkbox"/> NO
Apart from absence for religious observance, are you available for full time work? time if _____					
<input type="checkbox"/> YES <input type="checkbox"/> NO If not, what hours can you work? _____					
Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, please describe each felony, the date of conviction and the state in which convicted: _____					
Special training or skills (computers, programs, etc.): _____					When will you be available to begin work? _____

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School	Name & Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate					
College					
Business or Trade School					
High School					

Prospective employees will receive consideration without discrimination due to race, creed, sex, age, national origin, handicap or veteran status.

ALL NEW HIRES WILL BE DRUG TESTED

Employment History

All blanks must be completed, **do not write See Resumé**. Please give accurate, complete full time and part time employment record. Start with your present or most recent employer.

1	Company Name _____	Company Phone No. _____	From (Mth/Yr) _____	To (Mth/Yr) _____
	Address _____		Start Pay _____	Last Pay _____
	Name of Supervisor _____	Supervisor Phone No. _____	Reason for Leaving: _____	
	State Job Title and Description of Work _____			

2	Company Name _____	Company Phone No. _____	From (Mth/Yr) _____	To (Mth/Yr) _____
	Address _____		Start Pay _____	Last Pay _____
	Name of Supervisor _____	Supervisor Phone No. _____	Reason for Leaving: _____	
	State Job Title and Description of Work _____			

3	Company Name _____	Company Phone No. _____	From (Mth/Yr) _____	To (Mth/Yr) _____
	Address _____		Start Pay _____	Last Pay _____
	Name of Supervisor _____	Supervisor Phone No. _____	Reason for Leaving: _____	
	State Job Title and Description of Work _____			

4	Company Name _____	Company Phone No. _____	From (Mth/Yr) _____	To (Mth/Yr) _____
	Address _____		Start Pay _____	Last Pay _____
	Name of Supervisor _____	Supervisor Phone No. _____	Reason for Leaving: _____	
	State Job Title and Description of Work _____			

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact: _____ Employer No.: _____ Reason: _____

How did you hear about the position you are applying for? _____

If a classified ad, please list name of publication: _____ If person, please list name: _____

MILITARY SERVICE Did you serve in the U.S. Armed Forces? _____ If so, what branch? _____

Describe any training received relevant to the position for which you are applying: _____

The information provided in this Application for Employment is true, correct and complete. If employed, any mis-statement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

SIGNATURE _____

DATE _____