

THIS APPLICATION WILL NOT BE CONSIDERED  
UNLESS FULLY COMPLETED.

# Application For Employment

**FOR OFFICE USE ONLY**

**Locations**

**Positions**

The term "Company" used in this application refers to the company to which this application is submitted and or any company which offers employment to the applicant.

**TO APPLICANT:** We deeply appreciate your interest in our Company and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

This company does not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, sex, marital status, veteran status, disability, ancestry, age, or any other prohibited basis of discrimination as provided under applicable state or federal law. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Please answer every question, use **INK**, and **PRINT** in this section.

\_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (DATE)

(List any other names used, including maiden name.) \_\_\_\_\_

Address \_\_\_\_\_  
(NUMBER) (STREET) (TELEPHONE NUMBER)

\_\_\_\_\_  
(CITY) (STATE) (ZIP) (SOCIAL SECURITY NUMBER)

Type of work desired \_\_\_\_\_ Location: \_\_\_\_\_ Salary Requirements \_\_\_\_\_

If retail store management position desired, are you willing to relocate? Yes [ ] No [ ]

If 'yes', any exceptions. - please list \_\_\_\_\_

Do you prefer: Full-time [ ] Part-time [ ] Temporary [ ] If Part-time, state days and hours \_\_\_\_\_

Shift Preferred: Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_

Date available for work? \_\_\_\_\_ How were you referred to us? \_\_\_\_\_

Are you at least 18 years of age? Yes [ ] No [ ] Are you legally eligible for employment in U.S.? Yes [ ] No [ ]

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

Have you ever worked here or at any Orscheln affiliated company? If yes, give company, address, and approximate date.

Yes [ ] No [ ]

Company \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation Address Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you ever been convicted of or plead guilty to a crime? (Excluding misdemeanor traffic violations) Yes [ ] No [ ]

If yes, please explain (include crime, date, & location) \_\_\_\_\_

Conviction of a crime will not automatically disqualify you from employment.

**EMPLOYMENT EXPERIENCE****Must complete this section.**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>1.</b>	Employer	<i>Dates Employed</i>		<b>WORK PERFORMED</b>
		<i>From</i>	<i>To</i>	
	Address (Street) (City) (State)			
	Telephone Number (s)	<i>Hourly Rates/Salary</i>		
		<i>Starting</i>	<i>Final</i>	
	Job Title	Supervisor		
	Reason for Leaving			
	If you are currently employed, may we contact your present employer? Yes [ ] No [ ]			
<b>2.</b>	Employer	<i>Dates Employed</i>		<b>WORK PERFORMED</b>
		<i>From</i>	<i>To</i>	
	Address (Street) (City) (State)			
	Telephone Number (s)	<i>Hourly Rates/Salary</i>		
		<i>Starting</i>	<i>Final</i>	
	Job Title	Supervisor		
	Reason for Leaving			
<b>3.</b>	Employer	<i>Dates Employed</i>		<b>WORK PERFORMED</b>
		<i>From</i>	<i>To</i>	
	Address (Street) (City) (State)			
	Telephone Number (s)	<i>Hourly Rates/Salary</i>		
		<i>Starting</i>	<i>Final</i>	
	Job Title	Supervisor		
	Reason for Leaving			
<b>4.</b>	Employer	<i>Dates Employed</i>		<b>WORK PERFORMED</b>
		<i>From</i>	<i>To</i>	
	Address (Street) (City) (State)			
	Telephone Number (s)	<i>Hourly Rates/Salary</i>		
		<i>Starting</i>	<i>Final</i>	
	Job Title	Supervisor		
	Reason for Leaving			
<b>5.</b>	Employer	<i>Dates Employed</i>		<b>WORK PERFORMED</b>
		<i>From</i>	<i>To</i>	
	Address (Street) (City) (State)			
	Telephone Number (s)	<i>Hourly Rates/Salary</i>		
		<i>Starting</i>	<i>Final</i>	
	Job Title	Supervisor		
	Reason for Leaving			
<b>6.</b>	Employer	<i>Dates Employed</i>		<b>WORK PERFORMED</b>
		<i>From</i>	<i>To</i>	
	Address (Street) (City) (State)			
	Telephone Number (s)	<i>Hourly Rates/Salary</i>		
		<i>Starting</i>	<i>Final</i>	
	Job Title	Supervisor		
	Reason for Leaving			

EDUCATION NAME	Major Course or Subject	Circle Last Yr. Completed	Degree
High School		<b>1 2 3 4</b>	
Technical/Business Training		<b>1 2 3 4</b>	
College		<b>1 2 3 4</b>	
College		<b>1 2 3 4</b>	
Graduate Work or Other		<b>1 2 3 4</b>	

Relatives Working for Company:

<u>Name</u>	<u>Relationship</u>	<u>Where they work</u>
1. _____	_____	_____
2. _____	_____	_____

Please list skills, experience, and training you feel qualify you for the job you desire:

**OFFICE/CLERICAL**

Typing: Yes [ ] No [ ] WPM \_\_\_\_\_

Office machines you can operate:

\_\_\_\_\_

**Software Programs:** Word Processing Yes [ ] No [ ] Please List \_\_\_\_\_

Spread Sheets Yes [ ] No [ ] Please List \_\_\_\_\_

Others \_\_\_\_\_

**PRODUCTION/WAREHOUSE/TECHNICAL**

Machines you can operate: \_\_\_\_\_

**RETAIL CLERK OR SALES:**

\_\_\_\_\_

**OTHER:**

\_\_\_\_\_

Please state any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU SIGN.  
 AGREEMENTS COVERING CONFIDENTIALITY AND ASSIGNMENT OF  
 RIGHTS TO PATENTS, INVENTIONS AND TRADE SECRETS**

Should I be employed by the Company and in part consideration for any such employment by the Company, I, and my heirs and representatives, will promptly disclose to executive officers of the Company and to no one else, and hereby assign and agree to assign, transfer and set over to the Company, its successors, its affiliates and assigns, without further compensation, my entire worldwide right, title and interest in and to, all inventions, discoveries, trade secrets and improvements of any kind or nature whatsoever which I, either solely or jointly with others, conceive, make, acquire, or suggest at any time that are associated with my employment (in whatever capacity) by the Company, its affiliates, or its successors. I will promptly execute any and all instruments and documents necessary to transfer any such inventions, discoveries, or improvements to the Company and all proper papers necessary in applying for, obtaining, maintaining and enforcing such United States and non-US patents thereon as the Company may at any time desire. I also agree not to use or disclose at any time to any person without the written approval of an executive official of the Company any confidential or proprietary information concerning Company's trade secrets, inventions, processes or methods. I agree that this agreement and the obligations of this statement shall continue beyond the term of my employment. This agreement contains the entire agreement between Company and me about this matter and may only be changed by a written amendment.

I hereby acknowledge that I have read the above statements and understand the same.

\_\_\_\_\_

(Signature of Applicant)

\_\_\_\_\_

(Date)

# Applicant Data Record

Print Name \_\_\_\_\_

FIRST

MIDDLE

LAST

SOCIAL SECURITY NO.

Date

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, creed, sex, national origin, ancestry, age, marital or veteran status, disability or any other legally protected status.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

## AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnic, handicapped, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap or disability is voluntary.

Check one:  Male  Female

Check one of the following:

Race/Ethnic Group:

White  Black or African American  Hispanic or Latino  American Indian or Alaskan Native  
 Asian  Native Hawaiian or other Pacific Islander  Two or More Races

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran Dates in service \_\_\_\_\_  
 Disabled Individual

## Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps or Disabilities:

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped or disabled individuals.

If you are a disabled veteran, or have a physical or mental handicap or disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

*If you wish to be identified, please sign below.*

Handicapped or disabled individual  Disabled Veteran  Vietnam Era Veteran

Signed \_\_\_\_\_

**PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU SIGN THIS APPLICATION**

**STATEMENT & AUTHORITY TO RELEASE INFORMATION**

No representative of the Company other than the president shall have authority to enter into any agreement for employment for a specified period, or any agreement concerning terms or condition of employment. Furthermore, I understand and agree any such agreement entered into by the president will not be enforceable unless it is in writing.

In the event of my employment by this Company, I will comply with all Company rules and regulations. Additionally, I authorize the Company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency or other party.

I understand that if I am employed, any misrepresentation or omission of material facts on this application is sufficient cause for dismissal. My continued employment will depend upon the successful performance of work assigned to me during a new hire period of up to 3 months and upon the continued successful performance and the further need of my continued employment by the Company.

The Company, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any information concerning my background.

Provided state law permits, I further agree to submit to alcohol and/or drug screening tests, where and whenever legal, if requested of me at any time prior to or during my employment.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that false, or misleading information given on this application, or in any interview(s) with the Company, will result in termination.

I understand that this application is good for only 3 months from today's date. If I still desire a position with the Company after this application expires, it is my responsibility to renew the application by filling out a new application and filing it with the Company. Otherwise, the Company will not consider me for employment after this application expires.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**FOR HUMAN RESOURCE USE ONLY (To be completed AFTER applicant hired.)**

Emp. No. \_\_\_\_\_ Date Emp. \_\_\_\_\_ Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

Marital Status \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Maiden Name \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Salaried \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Company \_\_\_\_\_

Dept./Store \_\_\_\_\_ Shift \_\_\_\_\_ Job Title \_\_\_\_\_ Class/Grade \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ New hire on web (Date) \_\_\_\_\_

In case of accident or other emergency, who is the first person we should contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
(Home) (Business)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Place of Work) (City) (State)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I-9 Completed \_\_\_ ADA: Yes \_\_\_ No \_\_\_ Citizen: Yes \_\_\_ No \_\_\_ Veteran: Yes \_\_\_ No \_\_\_ Years Served \_\_\_ to \_\_\_

# Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ▶ \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_/\_\_\_\_/\_\_\_\_

1  Check here if you are completing this form **before** August 28, 2007, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.  
\_\_\_\_\_

2  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

3  Check here if **any** of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received food stamps for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but **not** age 40 or older and I am a member of a family that:
  - a Received food stamps for the past 6 months, **or**
  - b Received food stamps for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.

4  Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:

- Discharged or released from active duty in the U.S. Armed Forces, **or**
- Unemployed for a period or periods totaling at least 6 months.

5  Check here if you are a member of a family that:

- Received TANF payments for at least the past 18 months, **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

### Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Employer's Use Only**

Employer's name \_\_\_\_\_ Telephone no. ( ) - EIN ▶ \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Person to contact, if different from above \_\_\_\_\_ Telephone no. ( ) - \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) . . . . . ▶ \_\_\_\_\_

Date applicant: Gave information / / Was offered job / / Was hired / / Started job / /

**Complete Only If Box 1 on Page 1 is Checked**

State and county or parish of job \_\_\_\_\_

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant completed this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ \_\_\_\_\_ Title \_\_\_\_\_ Date / /

**Privacy Act and Paperwork Reduction Act Notice**

Section references are to the Internal Revenue Code. Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping** . . . . . 5 hrs., 30 min. **Learning about the law or the form** . . . . . 24 min. **Preparing and sending this form to the SWA** . . . . . 30 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.