

Fairfield Hardware

Employment Application

Your application will be considered active for 60 days - to be considered for a job after that you must reapply.

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, the presence of a non-job-related medical condition, veteran status, or any other legally protected status.

•Complete this Application in its entirety •Print in ink •If you need additional space, attach a supplemental sheet

| | |
|--|---------------------|
| Position(s) Applied For | Date of Application |
| How did you learn about us? <input type="checkbox"/> Advertising <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____ | |

| | | |
|-----------------------|-------------|---------------------------|
| Last Name | First Name | Middle Name |
| Address | Number | Street |
| | | City |
| | | State |
| | | Zip |
| | | How long at this address? |
| Previous Address | Number | Street |
| | | City |
| | | State |
| | | Zip |
| | | How long at this address? |
| Home Telephone Number | Cell Number | Email |
| | | Social Security Number |

Best Time to contact you is: : ^{AM}/_{PM}

Have you ever filed an application with us before? If yes, give date ___/___/___ Yes No

Have you ever been employed with us before? If yes, give date ___/___/___ Yes No

Have you been interviewed here before? Yes No

Do any of your friends or relatives work here? if yes, give name/relationship _____ / _____ Yes No

Are you currently employed? Yes No

Have you ever been dismissed from a position? If yes please explain where, when and why: Yes No

Have you ever been convicted or pleaded out a crime other than a minor traffic violation? Yes No
If so, Please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

(A criminal conviction will be considered only in relation to the job for which you are applying. Seriousness and nature of the offense, time elapsed, and rehabilitation will be taken into account.)

Are you or have you ever been a sex offender registered with any federal, state or local government agency, including any listing on a public website? Yes No

If necessary for the job, are you over the age of: (please mark one) 14 15 16 17 18 19 20 21

Can you provide the required proof of eligibility to work? (example: Drivers license & Social Security Card)..... Yes No

Are you currently on "lay-off" status and subject to recall?..... Yes No

Language ability - List those you could use in your work

| | | |
|--|---|---|
| English <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write | Other: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write | Other: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write |
|--|---|---|

We are an equal opportunity employer

Availability

Date available for work ___/___/___ How much notice must you give? _____ Wage/salary expected? _____

Are you available to work: Full-Time (please indicate: 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

| | | | | | | | | |
|---------------------------------------|-------|-----|-----|-----|-----|-----|-----|-----|
| Hours Available: | | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| Total hours available per week: _____ | From: | | | | | | | |
| | To: | | | | | | | |

Will work any available hours Yes

| Education | Name & Location of School | Course of Study | Years Completed | Diploma Degree | Grade Point | Now Enrolled |
|-------------------------|---------------------------|-----------------|-----------------|----------------|-------------|--------------|
| High School | | | | | | |
| Undergraduate College | | | | | | |
| Graduate / Professional | | | | | | |
| Other (Specify) | | | | | | |

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.
 You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

Transportation and License (Be sure to include any valid drivers license or commercial drivers license if required for position)

Do you have a driver's license? Yes No What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Date Received ___/___/___ Expiration date ___/___/___

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many moving violations? _____

Name _____ Date ___/___/___

Work Experience - Start with present or last job. Include all employment & any job-related military service assignments or volunteer service. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Provide details - **Do Not Use "See Resume"**

| | | | |
|----------------------------|----------------------|----|--|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Numbers | Starting Wage/Salary | | |
| Starting/Present Job Title | \$ | | |
| Supervisor | Final Wage/Salary | | Hours worked per week? |
| Reason for leaving | \$ | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|----------------------------|----------------------|----|--|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Numbers | Starting Wage/Salary | | |
| Starting/Present Job Title | \$ | | |
| Supervisor | Final Wage/Salary | | Hours worked per week? |
| Reason for leaving | \$ | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
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| Address | | | |
| Telephone Numbers | Starting Wage/Salary | | |
| Starting/Present Job Title | \$ | | |
| Supervisor | Final Wage/Salary | | Hours worked per week? |
| Reason for leaving | \$ | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|----------------------------|----------------------|----|--|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Numbers | Starting Wage/Salary | | |
| Starting/Present Job Title | \$ | | |
| Supervisor | Final Wage/Salary | | Hours worked per week? |
| Reason for leaving | \$ | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you need additional space, please continue on a separate sheet of paper.

| |
|--|
| <p>Comments: Include explanation of any gaps in employment.</p> <hr/> <hr/> |
|--|

Name _____ Date ____/____/____

Specialized Skills and Other Qualifications Check skills/equipment operated then summarize job related skills and qualifications acquired from employment or other experience.

Calculator Typing speed: _____ wpm PC/Mac Word Processing Spreadsheet Software/languages _____

Other skills/equipment:

Why do you want to work at Fairfield Hardware?

Personal/Professional References Do not include family members or past supervisors.

| Name | Phone Number | Best Time to Call | Occupation |
|------|--------------|-------------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

A Drug Free Workplace: Pre-employment Drug Testing

I understand that one of the requirements for employment at Fairfield Hardware is a drug screen. I further understand that failure to consent to this drug screen will be considered withdrawal of my application for employment. I also understand that if the test discloses the presence of one or more of the tested drugs, I will not be considered for employment at Fairfield Hardware.

Date _____ Signature in ink _____

PLEASE READ CAREFULLY

Applicant's Statement

I hereby authorize Fairfield Hardware to make inquiries about me to schools, credit agencies, abstract of my driver's license or commercial driver's record, as well as prior criminal convictions and to other entities, and I authorize those entities to release information to Fairfield Hardware about me, so that my qualifications for employment may be reviewed. I further authorize Fairfield Hardware to obtain, and my prior employers to release to Fairfield Hardware, information regarding my employment history, including, but not limited to, my attendance records. I understand that I have the right to request and receive information about the nature and any scope of any such investigation. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, from disclosing any knowledge or information which he or she acquired relevant to my employment following disclosure by me of any disabilities which may prevent me from performing the essential functions of the job for which I've applied. I hereby consent that he or she may disclose such knowledge or information to Fairfield Hardware in consideration of an offer of employment or during my employment with Fairfield Hardware. I release all persons and/or entities providing information about me to Fairfield Hardware from any legal liability related to providing such information. I also authorize Fairfield Hardware, its agents, and/or authorized employees to continue to obtain this information during my employment with Fairfield Hardware.

If your records may be under another name, please include that name. _____

I understand that Fairfield Hardware will require me to undergo pre-employment drug testing, and I authorize the release of any such tests to Fairfield Hardware, its agents, and authorized employees. I further agree to take a physical examination, if Fairfield Hardware requests, after any offer of employment is extended to me, and that any such physical examination will be conducted by a company-approved physician at the expense of Fairfield Hardware. I authorize any such company-approved physician to release the results of any such physical examination to Fairfield Hardware, its agents, and authorized employees.

By signing this application, I affirm that all statements (verbal and written) herein (and in my Resume, if any) or interview(s) are **TRUE AND COMPLETE**, and misrepresentation or omission of facts will subject me to termination when the misrepresentation is discovered. I understand, also that I am required to abide by all rules and regulations of Fairfield Hardware. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Fairfield Hardware is on an "at will" nature, which means that the employee may resign at any time and Fairfield Hardware may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Fairfield Hardware.

Did you complete this application yourself? Yes No

Signature of Applicant

Date