

APPLICATION FOR EMPLOYMENT



Store # _____

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
Referred by	

Name <i>Last</i>	<i>First</i>	<i>Middle</i>
Address <i>Number</i>	<i>Street</i>	<i>City</i>
		<i>State</i>
		<i>ZIP Code</i>
Telephone <i>Home</i>	<i>Mobile</i>	<i>Work</i>

The best time to call you is: _____ at (number) _____

Type of employment desired:

Full Time Part Time Temporary Seasonal Educational Co-Op

Please indicate times you would be available to work each day:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Date you are available to begin work: _____

Are you willing to work overtime if required? *Explain:* _____ Yes No

Are you 18 years of age or older? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you a citizen of the United States, a lawful permanent resident, or otherwise authorized for employment in the United States? Yes No

Proof of citizenship or eligibility to work will be required upon employment.

Have you been convicted of any criminal offense or do you have any pending charge(s)? Yes No

A criminal record does not preclude employment and will be considered only as it relates to the job.
If yes, please explain: _____

Are you related to anyone who works for Duthler's? *Who?* _____ Yes No

Have you submitted an application here before? Yes No

Have you ever been employed here before? *Approximate dates:* _____ Yes No

Have you ever been discharged from any position? Yes No

If so, please explain: _____

DUTHLER'S IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your or most recent job.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number			
Job Title	Hourly Rate/Salary		
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	From	To	
Address			
Telephone Number			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

EDUCATION – LIST LAST TWO (2) SCHOOLS ATTENDED

	Name & Place of School	Degree or Years Completed	GPA or Class Rank	Course of Study
Elementary				
High School				
College				
Graduate Professional				
Other (Specify)				

Training - List any other training you have received that would be relevant to your desired employment position.

Skills and Qualifications – Summarize any special skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Other - List any professional, trade, business, civic or volunteer activities and any offices held.

(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

REFERENCES – LIST THREE (3) BUSINESS/WORK REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT FORMER SUPERVISORS. IF APPLICABLE, LIST SCHOOL OR PERSONAL REFERENCES.

Name	Association	Telephone	Years Known
	<input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Personal		
	<input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Personal		
	<input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Personal		

ADDITIONAL INFORMATION

List any additional information you would like us to consider.

APPLICANT'S STATEMENT

I certify that the information and answers I provided on this application and any attachments are true and complete to the best of my knowledge. I understand that if I am employed, any misrepresentation or material omission made by me on this application will result in cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. I further understand that, if hired, I will be required to abide by all rules and regulations of the employer.

I give the employer the right to contact and obtain information from all references, employers, education institutions and to other wise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other person, education institutions, corporation, or organizations for furnishing such information.

I understand that the employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on any basis prohibited by local, state or federal law.

This application is current for only sixty (60) days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

If I am hired, I understand that I am free to resign at any time with or without cause or prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and or prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I understand that no representative of the employer, other than the President, has the authority to make any assurances to me. I further understand that any such assurance must be in writing and signed by the President.

I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date