

APPLICATION FOR EMPLOYMENT

Please indicate the company for which you are applying: ACE____, Denny's____, Skateland____, America's Mattress_____.

We Are An Equal Opportunity Employer

Please print clearly and complete all items

Date: ____/____/____

Name: _____
Last First Middle Initial

Address: _____ City: _____, State _____ Zip: _____

Phone Number: _____ Cell Number: _____

If you are under 18, can you furnish a work permit? ____ Yes ____ No

Is your citizenship or status such that you can lawfully work in the U.S.? ____ Yes ____ No

Have you ever worked for any of the above companies before? ____ Yes ____ No

If yes, when and where? ____/____/____, ____/____/____, _____
From To Location

Are you now employed __ Yes __ No. May we contact your present employer? __ Yes __ No.

How did you learn of our company? ____ Walk-In ____ Newspaper ____ Referral ____ Other

Do you have any relatives working for any of the above companies? ____ Yes ____ No

Employment Desired:

Position Desired: _____ Salary Required: _____

Date you can start: _____ Can you travel, if required? ____ Yes ____ No

Are you available to work: ____ Full Time ____ Part Time ____ Shift Work ____ Temporary

If the hours you are available are restricted, indicate the hours you are available below.

	Sun	Mon	Tues	Wed	Thu	Fri	Sat
From							
To							

Education:

	Name & Location	Course of Study	Years Completed	Graduated?	Degree Received
High School				Yes ____ No ____	
College				Yes ____ No ____	
Business, Trade Or Other				Yes ____ No ____	

References: Give the names of three persons, not related to you, whom you have known at least one year.

Name	Phone Number	Address	Business	Years Known

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No
 (A conviction is not an automatic bar to employment)

If yes, please explain: _____

Former Employers: List below your last three employers, starting with your present or most recent employer.

Employer #1	From: _____ To: _____	Phone# _____	Describe Your Duties
Address: _____	City and State _____	Rate of Pay: _____	
Job Title: _____	Your Supervisor: _____	Start: _____ Final: _____ Reason for Leaving: _____	

Employer #2	From: _____ To: _____	Phone# _____	Describe Your Duties
Address: _____	City and State _____	Rate of Pay: _____	
Job Title: _____	Your Supervisor _____	Start: _____ Final: _____ Reason for Leaving: _____	

Employer #3	From: _____ To: _____	Phone# _____	Describe Your Duties
Address: _____	City and State _____	Rate of Pay: _____	
Job Title: _____	Your Supervisor _____	Start: _____ Final: _____ Reason for Leaving: _____	

Summarize special skills and qualifications acquired from employment or other experience.
 (Office skills, machines used, etc) _____

Read Carefully Before Signing

I certify that all my answers in the Employment Application are true and complete to the best of my knowledge, and I understand that this application will remain active for thirty (30) days.

I authorize the company to investigate and verify my answers and I give the company permission to contact schools, previous employers, references and others in its investigation. I release both the company and the party providing the information from any liability for this purpose. I also release the company from any liability for providing information about my employment record to any prospective employer, government agency, or other party having a legal and proper interest.

I also authorize the company to secure financial and credit information through a consumer reporting agency, and I understand that upon my written request made within a reasonable time, the consumer reporting agency will provide me with additional information concerning the nature and scope of any credit report investigation. I also agree to participate in computerized interviewing, assessment testing, and any other similar company requirements, which are conditions of employment.

I understand that any false or misleading answer in the Employment Application or other pre-employment inquiry is grounds for rejection of my application or immediate termination if I have been employed.

If employed, I will comply with all company policies and rules found in any company manual, employment handbook, or other communication from the company. I understand the company may change its policies and rules in the future without giving me notice.

I understand that the company may require drug and alcohol testing as a condition of employment subject to applicable federal and state laws, and I consent to any such testing.

I agree not to use or disclose outside my employment with the company any confidential information, trade secret, or proprietary information, whatever its form, obtained in connection with employment with the company.

I understand that employment with the company will be TERMINABLE AT WILL, that no employment contract will be valid unless made in writing and signed by the company's Senior Vice President, and that my employment may be ended at any time, for any reason, by me or the company. If employed, I further understand that my first ninety (90) days are a probationary period (which may be extended at the company's discretion) to determine whether my continued employment is appropriate.

I Have Read and Understand The Above

Date: _____ Applicants Signature _____