

EMPLOYMENT APPLICATION

This application will remain active for sixty (60) days.
To be considered after sixty (60) days will require filling out a new application.



PERSONAL INFORMATION (Please print clearly in black or blue ink)

Last Name		First Name		MI	Soc. Sec. No.		Position(s) Desired	
Street Address			Box/Apt.	City	State	Zip Code	Home Phone Number ()	
Do you have any relatives working for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give name, relationship, location:			Have you ever been charged with or convicted of a crime, other than a misdemeanor traffic violation? * <input type="checkbox"/> Yes <input type="checkbox"/> No Are there currently pending charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" to either question, provide date, city/state and details: *Crimes include felonies, misdemeanors and other violations of the law. However, you should not respond "Yes" as a result of any conviction that has been judicially sealed, expunged or pardoned. Conviction of a crime will not necessarily disqualify you from consideration for employment. New Jersey applicants do not respond "Yes" for a prior arrest not resulting in a conviction.					

Are you under 21 years of age? Yes No If "Yes", age: _____ How did you hear about job opportunities with our Company?

Have you ever been employed by Design Spree or Brandon Furnishings? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the following:		Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time							
Supervisor:	Dates of employment: ____/____ to ____/____	Hours Available	M	T	W	Th	F	S	Su
Location:	Name at time worked:	From							
Reason for Termination:		To							

EDUCATION	Name of school	City, State of school	Major	# of Yrs	Graduate?	Degree
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No	
College					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other					<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT (List present or most recent job first)

Company	Address	City	State	Supervisor	
Job Title / Duties	Phone Number ()	From	To		
Reason For Leaving	Starting Pay	Ending Pay			
Company	Address	City	State	Supervisor	
Job Title / Duties	Phone Number ()	From	To		
Reason For Leaving	Starting Pay	Ending Pay			
Company	Address	City	State	Supervisor	
Job Title / Duties	Phone Number ()	From	To		
Reason For Leaving	Starting Pay	Ending Pay			

May we contact your present employer? Yes No WE RESERVE THE RIGHT TO CONTACT FORMER EMPLOYERS.

JOB REFERENCES (List those who can comment on your job performance or abilities)

Name	Relationship or Title	Phone Number ()
Name	Relationship or Title	Phone Number ()
Name	Relationship or Title	Phone Number ()

SIGNATURE

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with Company policy. I authorize the references and supervisors above to give the Company any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release the Company, its agents and employees and all parties from all liability for any damages that may result from furnishing or use of this information. I understand and agree that my employment relationship with the Company is at-will and may be terminated either by me or by the Company at any time and for any reason, without prior notice to the other party, and that no written or oral policy of the Company concerning continued employment is now or will be intended to constitute an express or implied contract. Wages, benefits and other terms and conditions of employment may be changed from time to time at the discretion of the Company. It is further understood that, except for this application, there are not now and will not in the future be any express or implied contractual terms of continued employment between the Company and me, unless such terms are set forth in writing, signed both by me and the President of the Company.

Applicant Signature _____ Soc. Sec. # ____/____/____ Date _____