

| | |
|-----------|------------------|
| Hire Date | Termination Date |
|-----------|------------------|

Personal Information

| | | | | |
|-----------------|--------------|-------|------------|------|
| | Name | First | Middle | Last |
| | Nickname | | SSN | |
| | Desired Dept | | Store Name | |
| | Phone No. | | Cell Phone | |
| Current Address | STREET | | Skills | |
| | CITY | STATE | License | |
| | ZIP | | | |

| | | | | | |
|----------------|---|----------------------------------|---|------|---|
| Status | US Citizenship <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Others <input type="checkbox"/> | Resident Alien | # | Visa | # |
| Workers Permit | # | Duration of Residence In the U.S | | | |

| | | | | |
|-------------------------|----------|------------------------------|------------------------------|------------------------------------|
| Desired Salary/wage | \$ | Willing To Accept Part Time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Days Available To Work? | Any Time | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Available Time From _____ To _____ |

Family Information

| | | | | | |
|--------------|--|--|--|--|--|
| Name | | | | | |
| Relationship | | | | | |

Work Experience

| Company Name | Date of Employment | Position | Department |
|--------------|--------------------|----------|------------|
| | | | |
| | | | |
| | | | |

Education

| School Name | Location | Date / Year | Major |
|-------------|----------|-------------|-------|
| | | | |
| | | | |

Emergency Contact

| Name | Address | Relationship | Phone No. |
|------|---------|--------------|-----------|
| | | | |

I certify that the information given on this application and on any supporting documentation is true.

| | |
|------------|------|
| Signature: | Date |
|------------|------|