

JENKINS ACE HOME CENTER

**P. O. BOX 3001
ALPINE, WY 83128
(307)654-4444 1-800-806-7522 FAX 307-654-7526**



APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, or the presence of a non-job related medical condition or handicap.

(Please Print)

Position(s) Applied For _____
Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other

Name _____
Address _____
Telephone _____ Social Security Number _____

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

Have you filed an application here before? Yes No

Have you ever been employed here before? Yes No

If hired can you furnish proof you are legally entitled to work in the United States?
 Yes No

On what date would you be available to work? _____

Are you available to work ___ Full Time ___ Part-Time ___ Shift Work ___
Temporary

Can you travel if a job requires it? ___ Yes ___ No

Have you been convicted of a felony within the last 7 years? ___ Yes ___ No

If Yes, please explain

EMPLOYMENT EXPERIENCE

1. Employer _____
Telephone _____ To _____ Dates Employed
Job Title _____ From _____
Supervisor _____ Hourly Rate/Salary
Reason for leaving _____ Starting Final
Work Performed _____

2. Employer _____
Telephone _____ To _____ Dates Employed
Job Title _____ From _____
Supervisor _____ Hourly Rate/Salary
Reason for leaving _____ Starting Final
Work Performed _____

3. Employer _____
Telephone _____ To _____ Dates Employed
Job Title _____ From _____
Supervisor _____ Hourly Rate/Salary
Reason for leaving _____ Starting Final
Work Performed _____

4. Employer _____
Telephone _____ To _____ Dates Employed
Job Title _____ From _____
Supervisor _____ Hourly Rate/Salary
Reason for leaving _____ Starting Final
Work Performed _____

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience such as specific office skills, machines used, etc.

Are you a veteran of the U.S. Military service? Yes No If Yes, Branch _____

List professional, trade, business or civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex or national origin):

Give name, address and telephone number of three references who are not related to you.

EDUCATION

School Name _____
Years Completed _____
(circle) 4 5 6 7 8 9 10 11 12 / College Yr _____ / Grad/Prof _____
Diploma/Degree _____
Describe Course _____
Of Study _____

Describe Specialized Training, Apprenticeship, Skills, and Extracurricular Activities

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I understand this application is considered current for 90 days. If I want to be considered for employment after that time, I must renew my application in writing.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. I further understand said background check may also involve the Company's obtaining an investigative consumer report on me which may cover such areas as my character, general reputation, and mode of living.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date