

# APPLICATION FOR EMPLOYMENT

Name of Corp., LLC, or Partnership: \_\_\_\_\_

PERSONAL	NAME (LAST) (FIRST) (MIDDLE)				SOCIAL SECURITY NUMBER	
	PRESENT ADDRESS (STREET) (CITY) (STATE) (ZIP)				AREA CODE & TEL. NO.	
	PERMANENT ADDRESS (if same as above, print "same")					
	HAVE YOU EVER APPLIED FOR A JOB AT THIS OR ANOTHER INDEPENDENTLY OWNED AND OPERATED WILD BIRDS UNLIMITED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE DATE OF APPLICATION AND POSITION FOR WHICH YOU APPLIED:					
	HAVE YOU EVER BEEN EMPLOYED WITH THIS OR ANOTHER INDEPENDENTLY OWNED AND OPERATED WILD BIRDS UNLIMITED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE DATES OF EMPLOYMENT AND POSITION(S) HELD:					
POSITION	POSITION APPLIED FOR	DATE AVAILABLE TO START (MO/YR)		EARNINGS SATISFACTORY TO START \$ (PER HOUR OR PER YEAR)		
	ARE THERE ANY DAYS OR HOURS FOR WHICH YOU ARE NOT AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE EXPLAIN:					
	I AM SEEKING: <input type="checkbox"/> PART-TIME EMPLOYMENT <input type="checkbox"/> FULL-TIME EMPLOYMENT					
	DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH WILD BIRDS UNLIMITED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:					
SKILLS	LIST OFFICE OR RETAIL SALES EQUIPMENT OR SKILLS IN WHICH YOU ARE EXPERIENCED:					
EDUCATION	SCHOOL	NAME & LOCATION	COURSE OF STUDY	# OF YRS. COMPLETED	DID YOU GRADUATE?	DEGREE/DIPLOMA
	HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	GRADUATE/ OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	DESCRIBE ANY SPECIALIZED SKILLS OR TRAINING:					
	DESCRIBE ANY HONORS YOU RECEIVED:					
	HAVE YOU HAD JOB RELATED TRAINING IN THE U.S. MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	BRANCH OF SERVICE			MOS/DUTIES		
RANK AT DISCHARGE			TIME ON ACTIVE DUTY			
REFERENCES	PLEASE PROVIDE TWO PERSONAL REFERENCES TO WHOM YOU ARE NOT RELATED AND ARE NOT PREVIOUS EMPLOYERS					
	NAME	ADDRESS & PHONE NUMBER		OCCUPATION	YRS. KNOWN	

**LIST BELOW ALL PRESENT & PAST EMPLOYMENT  
BEGINNING WITH PRESENT OR MOST RECENT EMPLOYER**

EMPLOYMENT HISTORY	EMPLOYER NAME & ADDRESS	FROM (MO/YR.) TO (MO/YR.)	SUPERVISOR & TITLE
			ANNUAL OR HOURLY SALARY
	TELEPHONE #		DESCRIBE YOUR WORK/RESPONSIBILITIES
	JOB TITLE		
	REASON FOR LEAVING		
	EMPLOYER NAME & ADDRESS	FROM (MO/YR.) TO (MO/YR.)	SUPERVISOR & TITLE
			ANNUAL OR HOURLY SALARY
	TELEPHONE #		DESCRIBE YOUR WORK/RESPONSIBILITIES
	JOB TITLE		
REASON FOR LEAVING			
MISCELLANEOUS	WE MAY CONTACT THE EMPLOYERS LISTED ABOVE, UNLESS YOU INDICATE OTHERWISE DO NOT CONTACT _____ REASON _____		
	IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF UNSURE OF THE DOCUMENTS NEEDED TO PROVE ELIGIBILITY TO WORK IN THE U.S., WE WILL EXPLAIN THE LEGAL REQUIREMENTS). IF NO, PLEASE EXPLAIN:		
	HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION, A FELONY, OR RELEASED FROM PRISON IN THE PAST 10 YEARS? (NOTE: AN ANSWER OF YES DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT SINCE THE NATURE OF THE OFFENSE, DATE AND TYPE OF JOB FOR WHICH YOU ARE APPLYING WILL BE CONSIDERED.) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:		
	DO YOU HAVE THE ABILITY TO PERFORM BOTH ESSENTIAL AND MARGINAL JOB FUNCTIONS FOR WHICH YOU APPLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:		
	IT IS OUR STORE POLICY THAT WE PROVIDE THE CUSTOMER WITH THE SERVICE OF LOADING THE BAGS OF SEED PURCHASED INTO THEIR CAR. THIS WILL REQUIRE THAT YOU BE ABLE TO LIFT AND CARRY 25 LB. AND 50 LB. BAGS WITH SOME FREQUENCY. DO YOU HAVE THE ABILITY TO PERFORM THIS ACTIVITY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:		
	OUR SALES POSITIONS REQUIRE WORKING WITH OUR CUSTOMERS ON A ONE-TO-ONE BASIS. PLEASE DESCRIBE ANY PAST EXPERIENCE YOU HAVE HAD IN DEALING WITH THE PUBLIC ON A PERSONAL LEVEL.		
PLEASE BRIEFLY DESCRIBE YOUR KNOWLEDGE OF WILDLIFE, BIRDS AND BACKYARD BIRDFEEDING (You may attach an additional sheet if you wish).			

**APPLICANT'S CERTIFICATION AND AGREEMENT**

In consideration of being employed, I understand and agree that:

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| <ol style="list-style-type: none"> <li>1. 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 refusal of employment or, if employed, dismissal in accordance with the Store's policy.</li> <li>2. I understand that receipt of this application does not imply I will be employed nor does it indicate there are positions available.</li> <li>3. I authorize the references listed in the application to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.</li> <li>4. In consideration of employment, I agree to conform to the rules and regulations of the Store, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of either the Store or myself.</li> </ol> | <ol style="list-style-type: none"> <li>5. I understand that acceptance of an offer of employment does not create a contractual obligation upon the Store to continue to employ me in the future.</li> <li>6. This Store is an equal opportunity employer. This employer does not discriminate in employment and no question on the application form should be used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.</li> <li>7. Should you be hired for a position with the Store, you will be required, per federal law, to present proof of citizenship or authorization to work in the United States within 72 hours of our offer of employment. If you cannot provide this proof, the offer of employment may be rescinded.</li> <li>8. This application is current and active for only 90 days from the date of this application.</li> <li>9. I have read and understood the above and agree that the facts I have</li> </ol> |
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SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_