



APPLICATION FOR EMPLOYMENT

Hamrick's provides equal employment opportunity for all individuals without regard to race, color, religion, sex, age, national origin, or status as a Vietnam era veteran. This policy extends to all terms, conditions, and privileges of employment, as well as the use of all company facilities and participation in all company-sponsored activities.

LOCATION OF HAMRICK'S FACILITY: _____ TODAY'S DATE: _____

POSITION APPLYING FOR: _____ FULL TIME PART TIME

DATE AVAILABLE FOR WORK: _____

FOR RETAIL STORES	TOTAL HOURS AVAILABLE PER WEEK	M	T	W	T	F	S	S	FOR MFG. PLANTS	AVAILABILITY			
											SHIFT		
											FIRST	SECOND	THIRD

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER (Optional)			
PRESENT ADDRESS – NUMBER & STREET				CITY/ STATE		ZIP CODE		HOW LONG AT THIS ADDRESS?	TELEPHONE NUMBER

ARE YOU AT LEAST 16 YEARS OLD? YES NO
IF NO, PLEASE INDICATE DATE OF BIRTH _____ FOR SCHEDULING PURPOSES.

HAVE YOU EVER WORKED AT ANY HAMRICK'S LOCATION? YES NO
IF YES, LIST DATES: _____ AND LOCATION: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
IF YES, LIST DATE OF CONVICTION: _____ AND CRIME _____

HAVE YOU EVER BEEN TERMINATED OR FORCED TO RESIGN FROM A PRIOR JOB? YES NO
IF YES, EXPLAIN: _____

PERSON TO BE NOTIFIED IN EMERGENCY	ADDRESS	TELEPHONE NUMBER

EDUCATION/ TRAINING

NAME OF SCHOOL	LOCATION	GRADE COMPLETED	GRADUATED?	COURSE(S)
HIGH			<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	
COMPUTER			<input type="checkbox"/> YES <input type="checkbox"/> NO	

MILITARY

MILITARY SERVICE RECORDS: Include dates, length of service, location, rank, citations, etc.	TYPE OF DISCHARGE

EMPLOYMENT RECORD

LAST OR PRESENT RATE OF PAY

MOST RECENT EMPLOYER			
NAME	TELEPHONE NUMBER ()	JOB TITLE	
ADDRESS	MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	RESPONSIBILITIES / DUTIES	
CITY	STATE	ZIP CODE	REASON FOR LEAVING
DATE STARTED	DATE ENDED:	SUPERVISOR'S NAME	
MONTH	YEAR	MONTH	YEAR

SECOND TO LAST EMPLOYER			
NAME	TELEPHONE NUMBER ()	JOB TITLE	
ADDRESS	RESPONSIBILITIES / DUTIES		
CITY	STATE	ZIP CODE	REASON FOR LEAVING
DATE STARTED	DATE ENDED:	SUPERVISOR'S NAME	
MONTH	YEAR	MONTH	YEAR

THIRD TO LAST EMPLOYER			
NAME	TELEPHONE NUMBER ()	JOB TITLE	
ADDRESS	RESPONSIBILITIES / DUTIES		
CITY	STATE	ZIP CODE	REASON FOR LEAVING
DATE STARTED	DATE ENDED:	SUPERVISOR'S NAME	
MONTH	YEAR	MONTH	YEAR

WHAT INFLUENCED YOU TO APPLY AT HAMRICK'S? (FRIENDS, NEWSPAPER AD, ETC.)

REFERENCES: (NO RELATIVES)

NAME	ADDRESS-CITY-STATE	OCCUPATION	WORK PHONE	HOME PHONE

I understand in applying for employment with Hamrick's Inc. that the completion of this application does not indicate there are any positions open and does not in any way obligate me or Hamrick's, Inc. to an employment relationship. My application will remain active for no longer than six months from the date submitted. After I receive a conditional offer of employment, I may be required to take a medical examination before starting to work to determine whether I can perform the essential functions of the job. The results of this medical examination will be kept confidential and will not be used to discriminate against me in any way. A drug test is not a medical examination and may be administered any time during the employment process.

The information I have included in this application is true and correct in all respects to the best of my ability. If I have withheld any information or provided any false information, I understand that I will be either refused employment or subject to immediate dismissal if already employed. I authorize Hamrick's, Inc. to investigate all information contained in this application. I authorize my present and former employers to release any information pertaining to my work records and performance, and release those employers from liability unless such information is provided with knowledge that it is false.

I understand that a background investigation report or credit history may be made by a consumer reporting agency, and that if such a report is requested, I have the right under federal law to request in writing, within a reasonable time, detailed information about the nature and scope of the report.

I understand that Hamrick's, Inc. reserves the right in appropriate circumstances to require its employees to submit to inspections of the workplace that may include inspection of their personal effects such as packages and purses. An employee's refusal to submit to a request of inspection may result in disciplinary action, up to and including termination of employment.

Finally, I understand that if employed, my employment at Hamrick's, Inc. will be for no definite period of time, and that my employment may be terminated at will at any time, with or without cause or advance notice. I understand that any contract for employment upon any other terms must be in writing and signed by the company President.

X _____
 APPLICANT'S SIGNATURE

 APPROVED BY