



5409 Manatee Ave W. Bradenton, FL 34209 941-795-8442

APPLICATION FOR EMPLOYMENT

WE DRUG TEST

NAME - LAST			FIRST			MIDDLE			POSITION DESIRED			HOURLY WAGE REQUIREMENT			DATE AVAILABLE:		
ADDRESS			CITY			STATE			ZIP CODE			PHONE NUMBER:			Do you wish to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/>		
Please indicate hours you are Available		Sun	Mon	Tue	Wed	Thurs	Fri	Sat	EMAIL ADDRESS _____ Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> License# _____								
	From																
	To																
EDUCATION										SKILLS							
NAME AND LOCATION OF SCHOOL					NO. OF YEARS ATTENDED		MAJOR COURSE(S)		GRADUATED OR DEGREE		<input type="checkbox"/> POS MACHINE		<input type="checkbox"/> ELECTRICAL				
HIGH SCHOOL									YES NO		<input type="checkbox"/> KEY CUTTING MACHINE		<input type="checkbox"/> PLUMBING				
											<input type="checkbox"/> PAINT MIXING MACHINE		<input type="checkbox"/> BUILDING CONSTRUCTION				
COLLEGE									LIST DEGREE		<input type="checkbox"/> WORD PROCESSING		<input type="checkbox"/> PERSONAL COMPUTER				
											<input type="checkbox"/> CUSTOMER SERVICE		<input type="checkbox"/> SALES				
GRAD. SCHOOL											<input type="checkbox"/> OTHER SKILLS/HOBBIES/INTERESTS:						
OTHER																	
EMPLOYMENT HISTORY																	
Give Names and Addresses of All Previous Employers. If you are now working, present employer and reason for desire to quit must be included. Additional paper will be provided upon request. Also give reason for any lapse of time between jobs. MAY WE CONTACT YOUR CURRENT EMPLOYER?: <input type="checkbox"/> YES <input type="checkbox"/> NO																	
EMPLOYER (Latest First)				DATES EMPLOYED		EARNINGS HISTORY		TITLE AND DUTIES				REASON FOR LEAVING					
NAME				FROM		START											
ADDRESS CITY/STATE/ZIP				TO		FINAL											
TELEPHONE		SUPERVISOR															
NAME				FROM		START											
ADDRESS CITY/STATE/ZIP				TO		FINAL											
TELEPHONE		SUPERVISOR															
NAME				FROM		START											
ADDRESS CITY/STATE/ZIP				TO		FINAL											
TELEPHONE		SUPERVISOR															

(Complete Other Side)

MILITARY SERVICE	BRANCH	FINAL RANK/GRADE	SPECIALTY/MOS	RESERVE STATUS
Have you ever been employed by our Company? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN WHERE		
Do you have any relatives employed by our Company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please state person's name, job and employment location. _____				
GENERAL INFORMATION				
Have you ever been convicted or pleaded guilty or no contest to a misdemeanor or felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give full details. (Do not include minor traffic violations for which you never appeared in court. Conviction won't necessarily disqualify you for the position for which you are applying.)				
Have you ever been dismissed or asked to resign from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a brief explanation, including the name of the employer, approximate date, and any relevant circumstances				
If hired, can you furnish proof of age? <input type="checkbox"/> YES <input type="checkbox"/> NO If, hired, can you furnish proof you are legally entitled to work in U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO				
How did you hear of our Company? <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Own Accord <input type="checkbox"/> Advertising _____ <input type="checkbox"/> _____ <small>name of employee name of publication or website other</small>				
Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Company?				
References: (non-family)				
Name: _____		Name: _____		Name: _____
Phone: _____		Phone: _____		Phone: _____
PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW:				
This application is considered current for 90 days. If you want to be considered for employment after this time you must renew your application in writing.				
<p>I certify that the information contained in this application and/or any supplement thereto, is correct to the best of my knowledge and understand that any mis-statement or omission of information is grounds for dismissal in accordance with Company Policy. I authorize Crowder Bros. Ace Hardware to contact my current or prior employers and/or the above references and request any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I expressly release Crowder Bros. Ace Hardware and all parties providing such information from any and all liability or responsibility for damage that may result from furnishing the same to you. 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. I hereby authorize the Company, if they wish, to make such an inquiry and understand that upon my written request, additional information as to the nature of said inquiry will be provided.</p> <p>If I am offered a position with the Company, I agree to conform to the applicable rules, regulations and policies of the Company, and acknowledge that my employment and compensation can be terminated at any time with or without cause, and with or without notice, at the option of either the Company or myself. I further understand that no representative of the Company has any authority to make any agreement contrary to the foregoing or to bind the Company for the employment of any person for any specified period of time.</p>				
Date _____ Applicant's Signature _____				
<p align="center"><i>You must fill in your own application and fully complete this application in order to receive proper consideration.</i></p>				