

**EMPLOYMENT APPLICATION** 

1800 North Scottsdale Road Scottsdale, Arizona 85257 (480) 947-7281 Fax: (480) 941-5621 www.paulsacehardware.com

## Scottsdale - Fountain Hills - Tempe - Gilbert - Scottsdale (McDonald Rd) - Tempe (Rural Rd)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. To help ensure a safe and healthful working environment a drug test is conducted as part of our employment screening.

(PLEASE PRINT)

| PERSONAL INFO            | RMATION  | (PLEASE PRINT)   |  |   |  |
|--------------------------|--|--|--|---|--|
| LAST NAME                | FIRS   | T NAME   | MIDDLE INITIAL                                     | SOCIAL SECU   | JRITY NUMBER                                   |
|                          |  |  |  |   |  |
| CURRENT ADDRESS          |  | CITY   |  | <u>STATE</u>  | ZIP CODE                                       |
| BUONE NUMBER             |  | E MAIL ADDDESS   |  | DEFENDED DV   |  |
| PHONE NUMBER             |  | E-MAIL ADDRESS   |  | REFERRED BY   |  |
| PREVIOUS ADDRESS         |  | CITY   |  | <u>STATE</u>  | ZIP CODE                                       |
| EMPLOYMENT DI            | ESIRED   |  |  |   |  |
| POSITION                 |  | DATE YOU CAN START                                     |  | SALARY DESIRED  |  |
| ARE YOU EMPLOYED?        | _YESNO   |  | MAY WE CONTACT<br>RESENT EMPLOYE                   | :R?YES  | NO   |
| EDUCATION                |  |  |  |   |  |
|                          | NAME AND ADDRESS<br>OF SCHOOL  | COURSE C   | OF STUDY   | YEARS<br>COMPLETED  | DIPLOMA/<br>DEGREE                             |
| ELEMENTARY<br>SCHOOL     |  |  |  |   |  |
| HIGH<br>SCHOOL           |  |  |  |   |  |
| COLLEGE/<br>TRADE SCHOOL |  |  |  |   |  |
| OTHER<br>(SPECIFY)       |  |  |  |   |  |
|                          | IALIZED TRAINING, APPRENTIC  | ESHIP, SKILLS, ETC.                                    |  |   |  |
|                          |  |  |  |   |  |
|                          |  |  |  |   |  |
| IF SO, PLEASE DESC       | IN CONVICTED OF A CRIME IN TI<br>RIBE BELOW. INCLUDE INCIDE<br>CABLE STATE AND FEDERAL LAWS, FAC<br>IT AND REHABILITATION EFFORT WILL BE | NT, CITY/STATE, and CHARGORS SUCH AS AGE AT TIME OF TH | YES<br>GE. (CONVICTION WILL<br>E OFFENSE, REMOTENE | NO<br>NOT NECESSARILY BE A B<br>SS OF THE OFFENSE, TIME : | AR TO EMPLOYMENT. IN<br>SINCE LAST CONVICTION, |
|                          |  |  |  |   |  |

| PLEASE PRINT YOUR NAME: REFERENCES (List below three persons not related to you, w   | hom you have known a                 | t least one year)           |                              |
|--|--------------------------------------|-----------------------------|------------------------------|
| 1.   |                                      | ( )                         |                              |
| NAME   |                                      | PHONE NUMBER                | YEARS KNOWN                  |
| ADDRESS  |                                      |                             |                              |
| 2  |                                      | ()                          |                              |
| NAME   |                                      | PHONE NÚMBER                | YEARS KNOWN                  |
| ADDRESS  |                                      |                             |                              |
| 3NAME  |                                      | ()PHONE NUMBER              | YEARS KNOWN                  |
|  |                                      |                             |                              |
| ADDRESS  |                                      |                             |                              |
| EMPLOYMENT EXPERIENCE (Start with your present job)  |                                      |                             |                              |
| FMDLOVED.  |                                      | TELEBRIONE NUMBER           | DATES EMPLOYED (FROM / TO)   |
| <u>EMPLOYER</u>  |                                      | TELEPHONE NUMBER            | DATES EMPLOYED (FROM / TO)   |
| ADDRESS  |                                      |                             |                              |
|  |                                      |                             |                              |
| JOB TITLE  | HOURLY RATE/SALARY<br>STARTING/FINAL | SUPERVISOR                  |                              |
| WORK PERFORMED   | REASON FOR LEAVING                   |                             |                              |
|  |                                      |                             |                              |
|  |                                      |                             |                              |
| EMPLOYER   |                                      | TELEPHONE NUMBER            | DATES EMPLOYED (FROM / TO)   |
| ADDRESS  |                                      |                             |                              |
| JOB TITLE  | HOURLY RATE/SALARY                   | SUPERVISOR                  |                              |
| <u>500 m.c.</u>  | STARTING/FINAL                       | <u>ooi envioon</u>          |                              |
| WORK PERFORMED   | REASON FOR LEAVING                   |                             |                              |
|  |                                      |                             |                              |
| EMPLOYER   |                                      | TELEPHONE NUMBER            | DATES EMPLOYED (FROM / TO)   |
| Em EO : En   |                                      | TEEE, HOME HOMBER           | DATES EMILEOTES (TROMPTO)    |
| ADDRESS  |                                      |                             |                              |
|  |                                      |                             |                              |
| JOB TITLE  | HOURLY RATE/SALARY<br>STARTING/FINAL | SUPERVISOR                  |                              |
| WORK PERFORMED   | REASON FOR LEAVING                   |                             |                              |
| APPLICANT'S STATEMENT  |                                      |                             |                              |
| I certify that answers given herein are true and complete to the be  |                                      |                             |                              |
| I authorize investigation of all statements contained in this ap decision.   | plication for employme               | ent as may be necessary in  | arriving at an employment    |
| I hereby understand and acknowledge that, unless otherwise defi  | ined by applicable law,              | any employment relationship | with this organization is of |
| an "at will" nature, which means that the Employee may resign at cause. It is further understood that this "at will" employment rela authorized executive of this organization specifically acknowledge. | ationship may not be ch              | nanged by any written docum |                              |
| In the event of employment, I understand that false or misleading  | _                                    | •                           |                              |
| understand, also, that I am required to abide by all rules and regu  |                                      |                             | ) may result in discharge. I |

DATE

SIGNATURE OF APPLICANT



STORE #1 - Scottsdale

Mon – Sat 7:00am to 8:00pm

Sun

8:00am to 6:00pm

Contractor Desk Opens Mon-Fri 6:30am

## **SCHEDULING RESTRICTIONS**

**STORE #2 – Fountain Hills** 

8:00am to 6:00pm

Contractor Desk Opens Mon-Fri 6am-3pm Sat 7am-12pm

Mon – Sat 7:00am to 7:00pm

Paul's Scottsdale Hardware, Inc. /Paul's Ace Hardware is a retail operation open seven days per week. Hours of operation may change based on seasonal demands.

Sun

| STORE #             | <u> 3 – Tempe</u>         | STORE #   | <u> 14 – Gilbert</u> |
|---------------------|---------------------------|-----------|----------------------|
| Mon – Fri           | 6:00am to 7:00pm          | Mon – Fri | 7:00am to 7:00pm     |
| Sat                 | 7:00am to 6:00pm          | Sat       | 7:00am to 6:00pm     |
| Sun                 | 8:00am to 5:00pm          | Sun       | 8:00am to 5:00pm     |
| Contractor          | Desk Opens Mon-Fri 6:00am |           |                      |
| STORE #5 - McDonald |                           | STORE #   | ‡6 – Rural           |
| Mon – Fri           | 7:30am to 7:00pm          | Mon – Sat | 7:00am to 7:00pm     |
| Sat                 | 7:30am to 6:00pm          | Sun       | 9:00am to 5:00pm     |
| Sun                 | 9:00am to 6:00pm          |           | •                    |
| ,                   |                           |           |                      |
|                     |                           |           |                      |
|                     |                           |           |                      |
| PLEASE PRIN         | T YOUR NAME               |           |                      |
| SIGNATURE (         | DF APPLICANT              |           | DATE                 |

| LEASE PRINT YOUR NAME                      | DATE  |  |
|--|---|--|
| PR   | RESCREEN QUESTIONNAIRE  |  |
| Submit this co                             | completed questionnaire with your application and/or resume'. |  |
| Describe when you provided customer se     | service that exceeded expectations.                           |  |
| ,,,,                                       |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| Describe when you had difficulty assisting | ng a customer. What happened and how was it resolved?         |  |
| resorrate when you had announcy assisting  | g a dustomer. What happened and now was it resorred.          |  |
|  |   |  |
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| escribe your professional relationship (   | with your current or most recent employer.                    |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |