

Started \_\_\_\_\_  
 Rate of Pay \$ \_\_\_\_\_/hr  
 Department \_\_\_\_\_  
 Supervisor \_\_\_\_\_



We are an equal opportunity employer and do not discriminate on the basis of race, sex, religion, color, national origin, age, ancestry, marital status, sexual preference, or disability. If you need an accommodation because of a disability, please let us know. (Please fill-out this form in your own handwriting. The facts requested will enable us to judge to the best of our ability whether we have a career opportunity for you. What you tell us below about yourself will be kept in strict confidence.)

### PERSONAL

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle

Home Address \_\_\_\_\_  
 Street Address City State Zip Code

Home Phone # \_\_\_\_\_ Business/2<sup>nd</sup> Phone # \_\_\_\_\_

Referred by: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

Can you, if employed, furnish legal authorization to work in the United States?  Yes  No

Have you ever been convicted of a felony?  Yes  No

### EMPLOYMENT DESIRED

I would like to work: Full Time  Part Time  ♦ Morning Shift  Afternoon Shift

What job are you applying for? \_\_\_\_\_

When can you start? \_\_\_\_\_ What salary do you expect? \$ \_\_\_\_\_/hour

Have you ever applied to or been employed by Hand Craft before?  Yes  No

### EDUCATION

High School City/State # Years Attended Major/Subjects

Did you graduate?  Yes  No

College City/State # Years Attended Major/Subjects

Did you graduate?  Yes  No

### REFERENCES

Please list three people who have known you at least one year and are not related to you.

1. \_\_\_\_\_  
 Name Street Address City/State Phone

2. \_\_\_\_\_  
 Name Street Address City/State Phone

3. \_\_\_\_\_  
 Name Street Address City/State Phone

# EMPLOYMENT APPLICATION FORM

## WORK EXPERIENCE

Have you been employed under any other name?  Yes Name: \_\_\_\_\_  No

List you last three employers starting with the most recent. Please provide **ALL** of the information.

1. Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Dates Employed (Month/Year): From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay: \$\_\_\_\_/hr
2. Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Dates Employed (Month/Year): From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay: \$\_\_\_\_/hr
3. Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Dates Employed (Month/Year): From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay: \$\_\_\_\_/hr

May we contact the employers listed above?  Yes  No

Please indicate those you do not wish for us to contact \_\_\_\_\_

## APPLICANT'S STATEMENT

**Please read this statement before signing.**

I certify that the information I have provided is true and complete to the best of my knowledge. I authorize HandCraft Services to verify all statements contained in this application as may be necessary in arriving at an employment decision. I understand that any false, misleading or omitted information on this application or during any part of the pre-employment process will lead to the rejection of my application and may result in my dismissal if I am already employed by HandCraft Services. I understand that this application for employment shall be considered active for 30 days. If I wish to be considered for employment beyond this period, I must inquire as to whether or not applications are being accepted at that time and reapply.

I also understand and acknowledge that any employment relationship with HandCraft Services is of an "at will" nature. This means that I may resign at any time and HandCraft Services may terminate my employment at any time with or without cause and with or without notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless the President of HandCraft Services specifically acknowledges such a change in writing.

I also authorize and request my current and/or previous employers and any other reference listed in this application to provide HandCraft Services with any information regarding my personal character, work performance, salary history, personal habits or other relevant facts. I release HandCraft Services and its agents and employees from any and all liabilities or damages for requesting, receiving, or acting on such information. I understand that, if hired, I am required to abide by all rules and regulations of HandCraft Services. I also understand that completion of a job related physical examination may be required.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_