



Employment Application

Applicant Information

Full Name:				Date:	
Last		First		M.I.	
Address:				Apartment/Unit #	
Street Address					
City		State		ZIP Code	
Phone:	()	E-mail Address:			
Date Available:		Drivers License Number:			
Position Applied for:	<input type="checkbox"/> Floor Sales Associate	<input type="checkbox"/> Cashier	<input type="checkbox"/> Kitchen Design Specialist	<input type="checkbox"/> Asst Manager	
	<input type="checkbox"/> Rental Desk Associate	<input type="checkbox"/> Inventory Management Specialist		<input type="checkbox"/> Stock Associate	
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Desired Hourly Pay:		
Are you interested in full time or part time employment?	FT <input type="checkbox"/>	PT <input type="checkbox"/>	If PT, How many hours/week?		
Do you have any scheduling conflicts we will need to work around?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, explain:		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If yes, explain:					

Education

Are you currently enrolled as a student?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> High School	<input type="checkbox"/> FT College	<input type="checkbox"/> PT College
High School:	Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:	Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:	Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

References

Full Name:	Relationship:				
Company:	Phone:		()		
Full Name:	Relationship:				
Company:	Phone:		()		
Full Name:	Relationship:				
Company:	Phone:		()		

Previous Employment

Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Military Service

Branch:		From:		Rank:	
		To:			

Physical Ability

Are you physically capable of lifting 25 pounds 50 pounds 80 pounds?

How are you computer skills? Minimal Average Advanced IT Professional

Explain a little about yourself. Do you have any special skills for this job? Anything we should know?:

Disclaimer and Signature

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references listed above to give you all pertinent information concerning my previous employment; and release all parties from all liability for any damage that may result from requesting or furnishing such information. In consideration of my employment, I agree to conform to the rules and regulations of the Company. I understand and agree that if I am employed by the Company, I will be required to provide proof of identity and legal work authorization. I further agree that either I or the Company may terminate my employment with or without cause and with or without prior notice, at any time. Finally, I understand that the position for which I am applying is an at-will position and that no representative of the Company other than an Executive Officer has the authority to enter into any agreement for employment for any specified period or time, or to otherwise alter the foregoing.

Signature: _____ Date: _____



Consent to Background Investigation

I, _____, as part of my employment application to Dunkirk Hardware, volunteer to participate in personal investigations including criminal background checks, driving record checks and drug screenings that may be required for an employment offer or may be required at random times during my employment. If the results of any background investigation, driving record check or drug screening are found to be unsatisfactory, I have a right to review this material with management prior to formal action.

I am providing the following confidential information to be used only for this background investigation.

Name (full): _____

Other names used: _____

State of birth: _____

Social security number: _____

Driver's License number: _____ Issuing State: _____

I direct that this information be used only for the purposes of obtaining a background records check and credit check as part of my application for employment. No other release of my confidential information may be made without my further consent.

Signed this _____ day of _____, 2012.

Applicant Signature

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR	
AND		
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)