

Markus Supply Ace Hardware

Phone 510-832-6532

625 Third Street – Oakland, CA 94607-3550

Fax 510-832-6535

Employment Application

An Equal Opportunity Employer

INSTRUCTIONS: If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. You must complete this form yourself. Answer all questions. This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. As part of our procedures in processing applications for employment, your application and the information you provide in it will be subject to an investigation by a consumer credit reporting agency. That investigation may cover various aspects of your background, including but not necessarily limited to criminal convictions, verification of education, general reputation, and other factors bearing on your suitability for employment. The process may include interviews with individuals who you provide as references as well as other persons, motor vehicle driving records, reference checks, and investigations into possible instances of theft, fraud, harassment and workplace violence. If you are employed by our Company, investigations of this type may be conducted for bona fide employment purposes, including but not limited to reassignment, promotion, retention and rehiring. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the Company.

PLEASE PRINT

Name _____	Date _____
LAST, FIRST MI	
Phone Number _____	Social Security Number _____
Present Address _____	
NUMBER & STREET, CITY, STATE, ZIP	
Permanent Address _____	
IF DIFFERENT FROM PRESENT ADDRESS	

EMPLOYMENT DESIRED

Position applied for _____	Did you read and sign the attached job description? YES _____ NO _____
You are applying for: Regular Full-time Work _____ Regular Part-time work _____ Temporary work _____	
If applying for temporary work, when are you available? _____	
Standard store hours are <i>Mon – Fri 8AM – 6PM / Sat 9AM – 5PM / Sun 10:30AM – 4:30PM.</i> What days, hours and shifts, if any, are you <u>not</u> available for work? _____	
Are you available for work outside of your regular work schedule? YES _____ NO _____	Would you be able to work overtime? YES _____ NO _____
If hired, on what date can you start work? _____	Wage/Salary desired _____
Are you currently employed? YES _____ NO _____	May this Company contact your present employer? YES _____ NO _____
Are you currently on "layoff" status subject to recall? YES _____ NO _____	If yes, name of Employer _____

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PERSONAL INFORMATION

Have you ever applied to or worked for this Company before? YES____ NO____

If yes, when? _____ Under what name? _____

Do you have any friends or relatives working for this Company? YES____ NO____

If yes, state name(s) & relationship(s) _____

If hired, would you have a reliable means of transportation to and from work? YES____ NO____
Specify _____

Are you at least 18 years old? YES____ NO____ (If under 18, an offer of employment is subject to verification that you are of legal minimum age.)

If hired, can you present evidence to verify your legal right to live and work in this country? YES____ NO____

If you had any questions about the essential functions of the job, were you given satisfactory answers? YES____ NO____

Can you perform the requirements of this job with or without reasonable accommodation? YES____ NO____

If yes, describe the conditions and the nature of your work limitations and accommodations, if any, required to perform the essential functions of the job _____
(NOTE: Hire may be subject to passing a physical examination.)

EDUCATION, TRAINING & EXPERIENCE

	Name & Address	# of Years Completed	Did you graduate?	Degree or Diploma
High School				
College/University				
Business/Voc.				
Other School				

Answer the following questions if you are applying for a position which requires a license to perform the job.

Are you licensed/certified for the job applied for? YES____ NO____

Type of license/certification _____ State _____ Number _____

Has your license/certification ever been revoked or suspended? YES____ NO____
If yes, state reason(s), date of revocation or suspension and date of reinstatement _____

Do you have a driver's license? YES____ NO____ Issuing State _____
License Number _____ Expiration Date _____

Have you had any moving violations? YES____ NO____

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If yes, indicate type of violations, date and place _____

EMPLOYMENT HISTORY

List below all present and past employers, starting with your most recent employer. (Last 10 years is sufficient.)

Name of Employer _____	Phone (_____) _____ - _____
Address _____ _____	Dates Employed From _____ To _____
Supervisor's Name _____	Type of Business _____
Your Position/Job Title _____	Wage/Salary Starting _____ HR/WK/MO
Your duties _____ _____	Ending _____ HR/WK/MO
	Reason for Leaving _____

Name of Employer _____	Phone (_____) _____ - _____
Address _____ _____	Dates Employed From _____ To _____
Supervisor's Name _____	Type of Business _____
Your Position/Job Title _____	Wage/Salary Starting _____ HR/WK/MO
Your duties _____ _____	Ending _____ HR/WK/MO
	Reason for Leaving _____

List additional employers on an extra page if necessary.

MILITARY SERVICE

Have you served or are you presently serving in the United States Armed Forces? YES _____ NO _____

If yes, which branch? _____ Length of Service _____

Rank: Upon Entrance _____ At Discharge _____

List service schools attended _____

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REFERENCES

List below four persons you have known at least one year. Do not list relatives or former employers.

Name _____	Phone (_____) _____ - _____
Address _____ _____	Occupation _____ # Years Acquainted _____

Name _____	Phone (_____) _____ - _____
Address _____ _____	Occupation _____ # Years Acquainted _____

Name _____	Phone (_____) _____ - _____
Address _____ _____	Occupation _____ # Years Acquainted _____

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ALL APPLICANTS MUST READ & SIGN BELOW

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any false information, omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Company and its agents including consumer reporting agencies, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I have been given a Notice and Disclosure explaining that reports of such investigations may include information concerning my creditworthiness, character, general reputation, personal characteristics, criminal background, education and other information and that the information may be obtained from personal interviews of my references and any other persons. I authorize my former employers, schools, companies, law enforcement authorities and other persons to disclose to the Company any and all letters, documents, records, reports and other information related to my background and my work records, without providing me with prior notice of such disclosure, and agree that I will have the right to know of that information or reports only to the extent required by law. I understand that the Company and its agents are not responsible for the accuracy or completeness of the information provided to it and as may be contained in such reports. I release the Company and its agents, as well as my former employers and all other persons, corporations, business entities, partnerships and associations from any and all liability, claims and lawsuits with respect to the information obtained from any or all of the sources used by the Company to obtain the information. I understand that this authorization is not an offer of employment nor, if I am hired, of continued employment by the Company.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the Company, except to the extent that my employment with the Company is “at-will” as set forth below.

I also understand that the illegal use of drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs at any time prior to and during employment.

In addition, I understand and agree that if I am employed, my employment is “at-will”, which means it is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing were made or are binding on the Company unless made in writing and signed by me and the Company’s President or the designated representative of the President.

My driving record may be checked with the Department of Motor Vehicles, State of California.

APPLICANT’S SIGNATURE

DATE SIGNED

Applicant Profile/Employment Screen

Applicant: Complete the following information as accurately as possible. (Please print clearly.)

Name (Last, First, MI): _____

D L #: _____ State: _____ Exp Date: _____ SSN _____

Previous Names (maiden/marriage/etc): _____ Date Changed: _____

_____ Date Changed: _____

Address: _____ Dates: _____

Telephone Number: _____ Length of time living in California: _____

Previous Address: _____ Dates: _____

Previous Address: _____ Dates: _____

Have you ever been convicted of a crime, excluding minor traffic violations? _____ Yes _____ No

(NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered. Background investigations will be conducted on all new employees.

If yes, please list all criminal convictions, including but not limited to, Felonies and Misdemeanors: _____

I authorize Markus Supply Ace Hardware to conduct a background investigation on myself for the purpose of employment screening. Additionally, I authorize all references, corporations, schools, employers, credit bureaus, licensing boards, government and law enforcement agencies or any other entity deemed necessary to release any information Markus Supply Ace Hardware may require in connection with this investigation. I understand that these files may contain negative information about my background, mode of living, character and personal reputation, therefore I agree to hold harmless Markus Supply Ace Hardware and any agent acting on its behalf, from any and all liability arising through the investigation of my background. I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process. I further authorize that a photocopy of this authorization may serve as an original.

Signature: _____ Date: _____

OFFICE USE ONLY

_____ Criminal Conviction Search _____ Employment Verification _____ Reference Check

Notes: _____

