



Big 'R' Stores

Application For Employment

Store #

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, ancestry, marital or veteran status, sexual orientation, or any other legally protected status under applicable local, state or federal law.

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

Position(s) Applied For

How did you learn about us?

- Advertisement Friend Walk-in
 Employment Agency Relative Other

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip
Telephone Number(s)			Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of employment Authorization and Identity will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work
 Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment. The regency, severity, and pertinence of the conviction to the job will be considered.

If Yes, please explain: _____

We are an equal opportunity employer

Education

Please list education or specialized experience that relates to the position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, sex, disability, or national origin.

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate				
Post Graduate				

Describe any specialized training, apprenticeship, skills and extra-curricular activities applicable to the job of which you are applying

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills / Equipment Operated

___ CRT	___ Fax	Production / Mobile Machinery (list):	Other (list):
___ PC	___ Lotus 1-2-3	_____	_____
___ Calculator	___ PBX System	_____	_____
___ Typewriter	___ Wordperfect	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

___Yes ___No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

References

(Name)	()	Phone #
(Address)		
(Name)	()	Phone #
(Address)		
(Name)	()	Phone #

(Address)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this Company against any liability which might result from making such investigation.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand that this application is not a contract.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Notes

For Personnel Department Use Only

Position(s) Applied For Is Open:

YES

NO

Position(s) Considered For:

Date: _____



