

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER



ADDRESS CITY STATE ZIP CODE PHONE NUMBER: DO YOU WISH TO WORK: Full time C Part Time C seasonal C Please indicate nours you are available to work: Pease indicate nours you are available to work: Fliday Saturday Saturday Sunday Sunday Sunday Saturday Sunday Saturday Sunday Sunday Sunday Saturday Saturday Saturday Sunday Sunda	NAME - LAST		FIRST	MIC	DLE	POSITION DESIRED		TODAYS DATE:		DATE AVAILABLE:
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5/7/2021

MILITARY BRANCH SERVICE	FINAL RANK/GRADE	SPECIALTY/MOS	RESERVE STATUS
Have you ever been employed by our Company?	IF YES, WHEN WHERE		
Do you have any relatives employed by our Company?	NO If yes, please state person's name, job and employment	location.	
	GENERAL INFORMATION		
If hired, can you furnish proof of age?	an you furnish proof you are legally entitled to work in U.S.?	☐ YES ☐ NO	
How did you hear of our Company? ☐ Employee Referral	□ Own Accord □ Advertising □ A	gency	other
Are there any other experiences, skills, or qualification	s which you feel would especially fit you for work	with the Company?	0.10
PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BE	ELOW:		
This application is considered current for 90 days. If y	ou want to be considered for employment after this	s time you must renew your application	n in writing.
I certify that the information contained in this application and/or any supposed dismissal in accordance with Company Policy. I authorize Ace Hardware to opertinent information they may have, personal or otherwise, and damage that may result from furnishing the same to you.	contact my current or prior employers and/or the above references and	request any information concerning my previous empl	loyment and any
If I am offered a position with the Company, I agree to conform to the applic with or without cause, and with or without notice, at the option of either th foregoing or to bind the Company for the employment of any person for any s	e Company or myself. I further understand that no representative of th		
Date	_Applicant's Signature		
	You must fill in your own application and fully con	nplete this application in order to receive prope	er consideration.