



AN EQUAL OPPORTUNITY EMPLOYER

**APPLICATION FOR EMPLOYMENT**

In order for you to be considered for employment, this application must be filled out in its ENTIRETY.

**General Information**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
           First                    Middle                    Last

Present Address: \_\_\_\_\_  
   Street  City  State  Zip

Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Are you legally able to work in the United States?    Yes    No  
 (Proof of identity and legal authority to work in the U.S. is a condition of employment.)

Have you ever been convicted of any crimes which has **NOT** been annulled/sealed by a court?    Yes    No  
 If yes, please explain:

Have you ever argued with a customer?    Yes    No  
 If yes, please explain the reason and how it was resolved:

What's most important to you?    Integrity    Money    Loyalty

Do you have a reliable mean of transportation to get to work on time?	Are you willing to stay late in case of an emergency at the store?	Are you willing to work a split shift?	Are you willing to work holidays / weekends?	How many hours per week do you expect to work?
Yes    No	Yes    No	Yes    No	Yes    No	

What type of position are you looking for?

<input type="checkbox"/> N Lamar <input type="checkbox"/> Lakeway <input type="checkbox"/> H-Mart	<input type="checkbox"/> Crew <input type="checkbox"/> Manager	Salary Desired: \$ _____ per hr / year Type of Employment Desired:    Full-Time    Part-Time Date Available for Employment:    ASAP    or    ____/____/____
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**WORK SCHEDULE AVAILABILITY**

Please check the shifts that you are available to work. 1<sup>st</sup> Shift 10:00AM – 6:00PM or 2<sup>nd</sup> Shift 6:00PM –12:30AM

SHIFT	MON	TUES	WED	THUR	FRI	SAT	SUN
1 <sup>st</sup>							
2 <sup>nd</sup>							

## EDUCATION

Type of School	Name of School	City of School	Major	Year of Graduation	GPA
High School					
College/Other					

**(List most recent three employers)**

## WORK EXPERIENCE

Present Employer (or most recent)	From MM/YY	To MM/YY	Name of Supervisor	Title
Company Name			Your Position/Duties	
City      State      Zip	Salary		Reason For Leaving	
	From MM/YY	To MM/YY	Name of Supervisor	Title
Company Name			Your Position/Duties	
City      State      Zip	Salary		Reason For Leaving	
	From MM/YY	To MM/YY	Name of Supervisor	Title
Company Name			Your Position/Duties	
City      State      Zip	Salary		Reason For Leaving	

The information provided in the Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employee in the future

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Bonus points:

A word is misspelled in this application. Circle or highlight the word.