

# Application For Employment

# Crofton **ACE** Hardware

1633 Crofton Center, Crofton, MD 21114

Phone 410-757-0199

Applications are considered for all positions without regard to race, creed, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

AN EQUAL OPPORTUNITY EMPLOYER M / F/ V/ H

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

I would like to work:  Full Time, Year round  Part Time, Year round  Part Time, Temporary

I am available to work one day on weekends:  Yes  No

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other \_\_\_\_\_

## Your Information

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Prior Addresses, In the Past 5 years:

\_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

\_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Are you 14 or 15 years old?  Yes  No If yes, Can you furnish a work permit?  Yes  No

Are you 16 or 17 years old?  Yes  No If yes, Can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No

Have you ever been employed here before?  Yes  No If Yes, give dates \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa of Immigration Status?  Yes  No (Proof of citizenship or right to work status will be required upon employment.)

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

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Our employees handle, cash, checks, credit cards, personal information, merchandise, and personal belongings of both the company and our customers.  
Felony convictions may be considered relative to nature of the event, recentness, and rehabilitation.  
No Applicant shall be requested to furnish information about any arrest for a misdemeanor or felony which did not result in a felony conviction or imprisonment within the past 7 years, unless court action is pending.  
Under Maryland Law, an employer may not require or demand, as a condition of employment, that an individual submit to or take a lie detector test.

Are you a Veteran of the U.S. military service?  Yes  No If yes, provide information below:

Branch \_\_\_\_\_ Last Rank Held \_\_\_\_\_

Service Dates: From \_\_\_\_\_ to \_\_\_\_\_ Discharge date \_\_\_\_\_

Are you now a Reserve Member?  Yes  No If yes, provide information below:

Branch \_\_\_\_\_  Active  Inactive

Rank \_\_\_\_\_ Other Information \_\_\_\_\_

Are you able to lift 100 pounds on occasion if your job requires it  Yes  No

If No, state the amount that you can safely lift \_\_\_\_\_ lbs.

Can you walk and stand on the job for extended periods of time, possibly up to 10 hours, if the job requires it?  Yes  No

Can you frequently bend, squat, reach, lift, carry, push and pull, as may be necessary if you are handling merchandise, unloading trucks, or stocking shelves?  Yes  No

Can you work around products such as lawn chemicals, paints, solvents, pool chemicals, chemical cleaners, thinners, latex products, and foods?  Yes  No

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying?  Yes  No

If Yes, please explain \_\_\_\_\_

Are you currently licensed to legally operate a company vehicle?  Yes  No

If applying for a job requiring a Commercial Drivers License, please provide the following information. A state transcript of your driver's record will also be necessary prior to employment.

Drivers License State of Issue \_\_\_\_\_ Class of License \_\_\_\_\_

List all violations of motor vehicle laws, for which you were convicted in the last three years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Personal References

Give the name, address and telephone number of three references who are not related to you and are not previous employers.

Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin.

Current or Last Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor			
Reason For Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

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

Have you previously held, for another employer, the job which you are applying for?  Yes  No

If Yes, give examples: \_\_\_\_\_

Have you previously worked weekends?  Yes  No If Yes, give examples:

\_\_\_\_\_

Have you previously worked retail or customer service?  Yes  No If Yes, give examples:

\_\_\_\_\_

Have you previously worked "off shifts" (work other than between 7am and 6pm)?  Yes  No

If Yes, give examples: \_\_\_\_\_

Do you have experience working a cash register, or handling cash transactions?  Yes  No

If Yes, give examples: \_\_\_\_\_

Do you have experience using or entering data into a computer system?  Yes  No

If Yes, give examples: \_\_\_\_\_

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

(Exclude those which indicate race, color, religion, sex or national origin) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Education

	Elementary	High	College / University	Graduate / Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Year of Graduation				
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

List any Honors or Awards received as a result of your education, previous employment, or community involvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Expectations

---

---

If hired, I would commit to \_\_\_\_\_ months of employment.

Currently, I have the following events planned that would involve missing partial days or full days from work during the next 90 days. I would like your approval of these absences in advance. They are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate Hourly Wage Expected for the Position Applied for \$ \_\_\_\_\_ .

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

### Agreement

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 authorize all schools, credit agencies, prior employers, and other entities to release information about me. I understand that this application is not, and is not intended to be, a contract of employment.

I understand that any job offer could be contingent on my passing a drug screening test or a physical examination as a condition of employment. I authorize the release of the results of this test to the company.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Personnel Department Use Only**

Arrange Interview:  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Employed:  Yes  No      Date of Employment \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate / Salary: \_\_\_\_\_

Proposed Work Schedule \_\_\_\_\_

By: \_\_\_\_\_

NAME AND TITLE

DATE