

**HOME FURNITURE COMPANY, INC**  
**APPLICATION FOR EMPLOYMENT**

Date \_\_\_\_\_

The following information is requested to help us make the best possible placement of employees within the company. Complete all portions of this application pertaining to you. We appreciate the time you spend completing this application. The employer, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, mental or physical disability, veteran status, citizenship, or any other characteristic protected by law. Please do not list any information that would identify any of such protected characteristics.

PLEASE PRINT

Social Security # \_\_\_\_\_

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) (State) (Zip)

\_\_\_\_\_ (Home Phone) (Message phones)

\_\_\_\_\_ (Position Desired) (Salary Desired)

If hired, can you show proof of legal authorization to work in the United States? Yes No

Are you at least 18 years of age? Yes No

If under 18 years of age, can you produce a work permit upon hire? Yes No

If you are hired, when can you begin work? \_\_\_\_\_

The hours for this job are regularly 8:00 a.m. to 6:00 p.m., Monday through Saturday. Sale day hours are regularly 8:00 a.m. to 10:00 p.m.

Are you able to comply with this job's attendance schedule? Yes No

Do you have any felony or misdemeanor convictions as an adult? A conviction will not necessarily disqualify you from employment. Yes No

If yes, explain \_\_\_\_\_

	<u>SCHOOL</u>	<u>NO. OF YEARS ATTENDED</u>	<u>DEGREE</u>	<u>MAJOR</u>
HIGH	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

EMPLOYMENT RECORD (Please account for all time over the past 10 years, listing the most recent job first.)  
Use another page if additional space is necessary.

<u>DATE OF EMPLOYMENT (Month/Year)</u>	<u>NAME/ADDRESS OF EMPLOYER AND NAME OF SUPERVISOR</u>	<u>JOB TITLE AND RESPONSIBILITY</u>	<u>REASON For LEAVING</u>	<u>PAY RATE</u>
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From \_\_\_\_\_  
To \_\_\_\_\_  
Phone \_\_\_\_\_ 1. \_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_  
Phone \_\_\_\_\_ 2. \_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_  
Phone \_\_\_\_\_ 3. \_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_  
Phone \_\_\_\_\_ 4. \_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_  
Phone \_\_\_\_\_ 5. \_\_\_\_\_

Please indicate by number the employers we may NOT contact: \_\_\_\_\_ and the reason \_\_\_\_\_  
\_\_\_\_\_

List special training, certificates, or licenses you have relative to the job for which you are applying.  
\_\_\_\_\_  
\_\_\_\_\_

List any job-related professional associations in which you participate. \_\_\_\_\_  
\_\_\_\_\_

Please complete the following if applying for the position of driver :

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

1) List all driver's licenses held in the past 3 years:

<u>STATE</u>	<u>LIC. #</u>	<u>TYPE</u>	<u>EXP. DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2) List all accidents in the past 3 years:

<u>DATES</u>	<u>NATURE OF ACCIDENT</u>
_____	_____
_____	_____
_____	_____

3) List all traffic convictions in the past 3 years:

<u>LOCATION</u>	<u>DATE</u>	<u>CHARGE</u>	<u>PENALTY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has any license, permit, or privilege ever been suspended or revoked? \_\_\_\_\_

If yes, what? \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING**

I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment if hired.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand that, if hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the President of the Company, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing.

I understand that if the Company offers me employment, I may be required to complete a physical examination and/or drug and alcohol-screening test. I understand that failing to submit to the test or obtaining a positive test result will disqualify me from employment. The examination and the test shall be performed at the employer's expense, by a physician of the employer's choice. I understand that if hired, I may be required to undergo a physical examination and drug and alcohol screening test either: if I should become involved in an accident while on duty, on company premises, on job sites, or in a company vehicle; if chosen for a random drug test; or if a reasonable suspicion of drug or alcohol use exists based on my performance, appearance, and/or behavior. The examination and the test will be performed at the employer's expense, by the employer's choice of physician.

I authorize Home Furniture Company to conduct a criminal background check on me. I also authorize Home Furniture Company to conduct a driving record check on me if the position applied for is that of a driver. I understand that, if I am hired, subsequent checks may be performed while I am employed with the Company.

I authorize my former employer(s) and its employees and representatives to provide any pertinent information they think appropriate, including any information about my employment, job performance, and related matters to any officer of Home Furniture Company. This information may be provided either verbally or in writing. In addition to authorizing the release of any information about my employment, I hereby fully waive any rights or claims I have or may have against my former employer(s) and its agents, employees, and representatives. I release Home Furniture Company and its agents, employees, and representatives from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any information by any person or party, whether such information is favorable or unfavorable to me.

Applications for employment are active for only 90 days. It would be necessary to re-apply should you so desire upon the passage of 90 days from the date this application is signed.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

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(Applicant's signature)

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(Date)

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(Printed Name)