

EMPLOYMENT APPLICATION



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PLEASE RETURN A COPY OF THE APPLICATION ATTACHED TO YOUR RESUME TO THE STORE, OR EMAIL CONSIGN@MKETREASURES.COM

Equal opportunity employer: We are an equal opportunity employer and do not discriminate in any unlawful way against race, religion, color, sex, national origin, marital status, or qualified individual with a disability (except where a reasonable, bona fide occupational qualification exists). We reserve the right to revise or change job duties, responsibilities, and location as the need arises. Any employee is employed for an indefinite period of time. Employees are subject to termination at any time, for any reason, with or without cause and with or without notice. The employee has the right to terminate employment for any reason and at any time. If you require accommodation to complete the application, testing or interview, please request assistance prior to completing the application.

PLEASE PRINT - ANSWER ALL QUESTIONS - DO NOT USE TERM "REFER TO RESUME"

DATE OF APPLICATION:		DATE AVAILABLE FOR WORK:		HOURS:	
POSITION(S) APPLIED FOR:		EMPLOYMENT DESIRED:		<input type="checkbox"/> 20 HOURS + PART TIME <input type="checkbox"/> 35 HOURS + FULL TIME <input type="checkbox"/> LESS THAN 20 HOURS TEMP <input type="checkbox"/> SEASONAL OR SUMMER ONLY	
<small>(JOB DESCRIPTIONS FOR ALL POSITIONS ARE AVAILABLE)</small>					
WILL YOU WORK WEEKENDS / OVERTIME?		REFERRAL:		AD	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> AD <input type="checkbox"/> RELATIVE <input type="checkbox"/> FRIEND <input type="checkbox"/> IN PERSON <input type="checkbox"/> AGENCY <input type="checkbox"/> OTHER			
NAME:		ADDRESS			
CITY:		STATE:	ZIP:	HOW LONG HAVE YOU LIVED AT CURRENT ADDRESS?	
CELL PHONE: ()			HOME /OTHER PHONE: ()		
EMAIL:			MAY WE CONTACT YOU AT WORK?		
LIST ANY RELATIVE WORKING HERE:			DO YOU HAVE A WORK PERMIT IF UNDER 18 YEARS OF AGE?		
HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?		IF YES, WHEN?		POSITION:	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?					
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR RELEASED FROM JAIL IN THE LAST SEVEN (7) YEARS					

IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER. SUCH A CONVICTION MAY BE RELEVANT IF JOB RELATED BUT MAY NOT BAR YOU FROM EMPLOYMENT

EDUCATION

	NAME / CITY & STATE	COURSE OF STUDY	COMPLETION DATE	DEGREE
HIGH SCHOOL:				
COLLEGE 1:				
COLLEGE 2:				
TECH SCHOOL:				
OTHER:				

OTHER SKILLS AND QUALIFICATIONS

SUMMARIZE SPECIAL SKILLS AND TRAINING THAT MAY QUALIFY YOU FOR WORK WITH OUR ORGANIZATION:

EMPLOYMENT HISTORY

EMPLOYER:

PHONE:

ADDRESS:

WORKED FROM:

/

/

TO

/

/

HOURS PER WEEK:

WAGES:

SUPERVISOR'S NAME AND TITLE:

DESCRIBE YOUR POSITION AND DUTIES:

REASON FOR LEAVING:

MAY WE CONTACT THIS REFERENCE?

 YES NO

EMPLOYER:

PHONE:

ADDRESS:

WORKED FROM:

/

/

TO

/

/

HOURS PER WEEK:

WAGES:

SUPERVISOR'S NAME AND TITLE:

DESCRIBE YOUR POSITION AND DUTIES:

REASON FOR LEAVING:

MAY WE CONTACT THIS REFERENCE?

 YES

EMPLOYER:

PHONE:

ADDRESS:

WORKED FROM:

/

/

TO

/

/

HOURS PER WEEK:

WAGES:

SUPERVISOR'S NAME AND TITLE:

DESCRIBE YOUR POSITION AND DUTIES:

REASON FOR LEAVING:

MAY WE CONTACT THIS REFERENCE?

 YES**REFERENCES**

PLEASE PROVIDE TWO REFERENCES

NAME:

TITLE:

ADDRESS:

EMAIL:

PHONE: ()

NAME:

TITLE:

ADDRESS:

EMAIL:

PHONE: ()

I understand and agree that any misrepresentation by me in this application will be sufficient cause for cancellation of this application or separation from employment if I have been employed. Furthermore, I understand that I am free to resign at any time. The employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the organization has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references, driving record, including a background investigation or a credit check, and to secure additional information about me if job related. I understand that I may receive, upon written request, all additional information sought. I hereby release from liability the employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information. This application is current for ninety (90) days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

APPLICANT'S SIGNATURE: _____**DATE:** / / _____