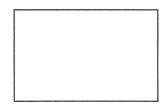
Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE





APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE P	PAGES 1-5.		DATE		
Name					
	Last	First	Middle	Maiden	
Present address					
	Number	Street	City State Zip		
How long	the second secon	So	cial Security No		
Telephone ()					
If under 18, please list a	ge				
Position applied for (1)			Days/hours available to work No Pref Thurs Mon Fri Tue Sat Wed		
How many hours can yo	u work weekly?				
Employment desired	□FULL-TIME ONLY	□PART-TIME	ONLY ☐FULL- OR PAR	T-TIME	
When available for work	?				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE	
High School					
College			-		
Bus. or Trade School					
Professional School					
HAVE YOU EVER BEE!	N CONVICTED OF A CRI	IME? □ No	□ Yes	The second secon	
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.					

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*	
DO YOU HAVE A DRIVER'S LICENSE?	
What is your means of transportation to work?	
Driver's license	
number State of issue _ Expiration date	
Have you had any accidents during the past three years?	How many?
Have you had any moving violations during the past three years:	
Please list two references other than relatives or previous emp	oloyers.
Name	Name
	Position
Position	Company
Company	
Address	Address
	Telephone ()
Telephone ()	releptione ()
	Line the second line the
An application form sometimes makes it difficult for an individual space below to summarize any additional information necessity.	ual to adequately summarize a complete background. Use the ary to describe your full qualifications for the specific position for
which you are applying.	
i i	

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Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or le	earned, advancements or pro	motions while you wor	ked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		То	Final
	Your Last Job Title		
Reason for leaving (he specific)			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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APPLICATION FOR EMPLOYMENT

work Please list your work experience If you were self-employed	rience for , give firm	r the past n name. A	five years beginning Attach additional she	with your most recent ets if necessary.	job held.
Name of employer Address			Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number				From	Start
				То	Final
			Your last job title		
Reason for leaving (be specific)					
Name of employer Address			Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number				From	Start
				То	Final
			Your last job title		W
Reason for leaving (be specific)					
List the jobs you held, duties performed, ski	ils used o	r learned,	advancements or pro	motions while you work	ked at this company.
May we contact your listed references?	☐ Yes	□ No			
May we contact your past employers?	☐ Yes	□ No			
May we contact your present employer?	☐ Yes	□ No			
Did you complete this application yourself If not, who did?	☐ Yes	□ No			



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by <u>Mel's Sewing & Fabric Center</u> (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Mel's Sewing and Fabric Center or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Mel's Sewing and Fabric Center may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:	

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.