



APPLICATION FOR EMPLOYMENT



849-D Almar Ave.. Santa Cruz. CA. 95060

201 Front Street.. Santa Cruz. CA 95060

1214 Soquel Ave.. Santa Cruz CA.

PERSONAL INFORMATION

FIRST NAME:	LAST NAME:	MIDDLE INITIAL:	EMAIL:				
ADDRESS LINE 1:	ADDRESS LINE 2:	CITY:	STATE:	ZIP:			
PHONE # 1:	PHONE # 2:	FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>			
HOURS AVAILABLE: (STORE HOURS 8AM-7PM)	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>	<u>SUNDAY</u>

EDUCATION

SKILLS

NAME AND LOCATION OF SCHOOL	NO. OF YEARS	MAJOR COURSE (S)	GRADUATED OR DEGREE	<input type="checkbox"/> POS MACHINE	<input type="checkbox"/> ELECTRICAL
HIGH SCHOOL:				<input type="checkbox"/> PAINT MIXING	<input type="checkbox"/> PLUMBING
COLLEGE:				<input type="checkbox"/> KEY CUTTING	<input type="checkbox"/>
GRAD. SCHOOL:				<input type="checkbox"/> OTHER SKILLS:	
OTHER:					

EMPLOYMENT HISTORY

Give names and addresses of all previous employers. If you are currently working, present employer and reason leaving must be included.
May we contact current employer?: YES NO

EMPLOYER (LATEST FIRST)	DATES EMPLOYED	EARINGS HISTORY	TITLE AND DUTIES	REASON FOR LEAVING
NAME:	FROM:	START: \$	TITLE AND DUTIES	REASON FOR LEAVING
ADDRESS:	TO	FINAL: \$		
PHONE #:	SUPERVISOR:			
NAME :	FROM:	START: \$	TITLE AND DUTIES	REASON FOR LEAVING
ADDRESS:	TO	FINAL: \$		
PHONE #:	SUPERVISOR:			

PERSONAL REFERENCES

NAME:	ADDRESS:
OCCUPATION:	PHONE #:
NAME:	ADDRESS:
OCCUPATION:	PHONE #:

BACKGROUND

IF HIRED CAN YOU FURNISH PROOF OF AGE: <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A US CITIZAN OR LEGALLY AUTHORIZED TO WORK IN THE US?: <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN EMPLOYED BY ACE OR OUR COMPANY?: <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE/HAD ANY RELATIVES EMPLOYED BY ACE OR OUR COMPANY?: <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN EMPLOYED BY THE US MILITARY?: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES WHAT BRANCH?
HOW DID YOU HEAR WE WERE HIRING? <input type="checkbox"/> EMPLOYEE REFERRAL _____	<input type="checkbox"/> OWN ACCORD <input type="checkbox"/> ONLINE/SOCIAL MEDIA

ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH WESTSIDE HARDWARE?: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW:

This application is considered current for 90 days. If you want to be considered for employment after this time you must renew your application.

I certify that the information contained in this application and/or any supplement thereof, is correct to the best of my knowledge. I authorize Westside Hardware to contact my current or prior employers and or the above references and request any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I expressly release Westside Hardware and all parties providing such information from any and all liability or responsibility for damage that may result from furnishing the same to you.

If I am offered a position with Westside Hardware, I agree to conform the to the applicable rules, regulations and policies of Westside Hardware and acknowledge that my employment and compensation can be terminated at any time with or without cause, and with or without notice at the option of either Westside Hardware or myself. I further understand that no representative of Westside Hardware has any authority to make any agreement contrary to the foregoing or to bind Westside Hardware from the employment of any person for any specified period of time.

DATE _____ APPLICANTS SIGNATURE _____

You must fill in your own application and fully complete this application in order to receive consideration.