



Sunshine
Thrift Store

SUNSHINE THRIFT STORE IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER AND WILL NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, RELIGION, AGE, NATIONAL ORIGIN, MARITAL STATUS, HANDICAP, GENETIC INFORMATION, SEXUAL ORIENTATION, MENTAL OR PHYSICAL DISABILITY, OR THE COMPANY'S POTENTIAL NEED TO REASONABLY ACCOMMODATE DISABLED INDIVIDUALS OR THOSE WITH CERTAIN RELIGIOUS BELIEFS. IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST COMPLETE AND SIGN THIS APPLICATION. INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED. ALL INFORMATION ON THIS APPLICATION IS SUBJECT TO VERIFICATION. ASSISTANCE IN COMPLETING THIS APPLICATION IS AVAILABLE ON REQUEST. INFORMATION PROVIDED THAT IS NOT REQUESTED MAY CAUSE APPLICATION TO BE REJECTED.

GENERAL FOR CONSIDERATION, PLEASE COMPLETE ENTIRE APPLICATION!

TODAY'S DATE	NAME (FIRST, MIDDLE, LAST)	DAYTIME PHONE WITH AREA CODE	
ADDRESS		CITY, STATE AND ZIP	EVENING PHONE WITH AREA CODE
RELATIVES OR FRIENDS WORKING FOR US	REFERRED TO US BY		OVER 18?
HAVE YOU EVER WORKED FOR US BEFORE YES NO		HAVE YOU EVER APPLIED WITH US BEFORE? YES NO	
IN CASE OF EMERGENCY	RELATIONSHIP	ADDRESS	AREA CODE & NUMBER
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO			HOURS ELIGIBLE TO WORK

EDUCATION

SCHOOLS ATTENDED INCLUDE CURRENT	LOCATION	COURSES	DID YOU GRADUATE?
HIGH SCHOOL			
COLLEGE			

IS THERE ANY ADDITIONAL EDUCATION TRAINING, OR TRADE INFORMATION YOU WOULD LIKE CONSIDERED?

PHYSICAL

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED WITH OR WITHOUT REASONABLE ACCOMMODATION? (PLEASE CIRCLE ONE). PLEASE ASK THE MANAGER FOR MORE DETAILS.
YES NO

ATTENDANCE

CAN YOU MEET THE ATTENDANCE REQUIREMENTS OF THIS JOB? (PLEASE CIRCLE ONE). PLEASE ASK THE MANAGER FOR MORE DETAILS.
YES NO

APPLICATION CONTINUED ON REAR...

PLEASE COMPLETE ALL 4 PAGES TO BE CONSIDERED.

APPLICATION CONTINUED

EMPLOYMENT HISTORY

(ACCOUNT FOR ALL EMPLOYMENT, START WITH MOST RECENT - - ATTACH ADDITIONAL SHEETS IF NECESSARY)

(1.) EMPLOYER	FROM/THRU	TYPE OF BUSINESS
ADDRESS	STARTING POSITION\ SALARY	FINAL POSITION\ SALARY
NAME OF SUPERVISOR	REASON FOR LEAVING	PHONE OR FAX #
BRIEF SUMMARY OF DUTIES		
(2.) EMPLOYER	FROM/THRU	TYPE OF BUSINESS
ADDRESS	STARTING POSITION\ SALARY	FINAL POSITION\ SALARY
NAME OF SUPERVISOR	REASON FOR LEAVING	PHONE OR FAX #
BRIEF SUMMARY OF DUTIES		
(3.) EMPLOYER	FROM/THRU	TYPE OF BUSINESS
ADDRESS	STARTING POSITION\ SALARY	FINAL POSITION\ SALARY
NAME OF SUPERVISOR	REASON FOR LEAVING	PHONE OR FAX #
BRIEF SUMMARY OF DUTIES		

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM EMPLOYMENT? (PLEASE CIRCLE ONE) YES NO

IF YES

EXPLAIN: _____

PERSONAL REFERENCES (OTHER THAN RELATIVES OR PRIOR EMPLOYERS LIST ONLY THOSE AVAILABLE FOR CONTACT)

NAME	OCCUPATION	ADDRESS	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHICH OF YOUR PAST ENDEAVORS SATISFIED YOU MOST?

APPLICATION CONTINUED ON NEXT PAGE.

Revised 7/26/16

APPLICATION CONTINUED...

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY, AND ADD YOUR SIGNATURE IN THE SPACE PROVIDED.

I ACKNOWLEDGE THAT ANY FALSE INFORMATION PROVIDED BY ME TO THE COMPANY OR BY OTHERS AT MY DIRECTION, SHALL CONSTITUTE GROUNDS FOR IMMEDIATE DISCHARGE, REGARDLESS OF WHEN THE FALSE INFORMATION IS DISCOVERED BY THE COMPANY. SIMILARLY, I UNDERSTAND THAT MY CONTINUED EMPLOYMENT IS CONTINGENT ON SUCCESSFULLY PASSING ANY BACKGROUND INVESTIGATION AND ANY INFORMATION DISCOVERED ABOUT ME DURING THE INVESTIGATION WHICH IS DEEMED BY THE COMPANY TO BE UNSATISFACTORY SHALL CONSTITUTE GROUNDS FOR IMMEDIATE DISCHARGE REGARDLESS OF WHEN DISCOVERED. IF I AM RELEASED FOR THIS REASON, I WILL BE PAID ONLY THROUGH THE DAY OF MY RELEASE. I FURTHER CERTIFY THAT I, THE UNDERSIGNED APPLICANT PERSONALLY COMPLETED THIS APPLICATION.

FINALLY, I UNDERSTAND THAT THE COMPANY MAY REQUIRE A MEDICAL OR OTHER EXAMINATION OR INQUIRY AT THE TIME AN EMPLOYMENT OFFER IS EXTENDED TO DETERMINE MY FITNESS AND ABILITY TO PERFORM THE JOB, AND MY OFFER OF EMPLOYMENT IS CONDITIONED ON THE SUCCESSFUL COMPLETION OF THAT EXAMINATION AND/OR A VERIFICATION OF MY ABILITY TO PERFORM THE ESSENTIAL FUNCTION OF THE OFFERED POSITION WITH OR WITHOUT REASONABLE ACCOMMODATION. EMPLOYEES AND APPLICANTS ARE ALSO SUBJECT TO DRUG- TESTING AT THE DISCRETION OF THE COMPANY. THE COMPANY MAY ALSO REQUIRE POLYGRAPH EXAMINATIONS WHERE PERMISSIBLE BY LAW.

IF APPLICABLE, APPLICANTS WHO WISH TO BE CONSIDERED FOR A POSITION OF DRIVER UNDERSTAND AND PROVIDE CONSENT TO A MOTOR VEHICLE RECORD CHECK AS REQUIRED BY THE COMPANY OR INSURANCE CARRIER TO DETERMINE COVERAGE ELIGIBILITY. MOTOR VEHICLE REPORTS WILL BE CONDUCTED AT THE TIME OF HIRE AND ONCE ANNUALLY AS REQUIRED BY THE COMPANY OR INSURANCE CARRIER.

I AGREE TO ABIDE BY ALL OF THE COMPANY'S EMPLOYEE GUIDELINES IF I AM EMPLOYED. I FURTHER UNDERSTAND AND AGREE THAT IF MY EMPLOYMENT IS TERMINATED FOR ANY REASON, I MUST RETURN ALL OF THE COMPANY'S PROPERTY IN MY CUSTODY, INCLUDING OFFICE KEYS, MANUALS, SALES MATERIALS, UNIFORMS AND THE LIKE.

FOR PURPOSES OF THE COMPANY OBTAINING THE RELEASE OF INFORMATION ABOUT ME, A COPY OF THIS STATEMENT WITH MY SIGNATURE SHALL HAVE THE SAME FORCE AND EFFECT AS THE ORIGINAL. THIS APPLICATION, WHEN COMPLETED AND SIGNED, BECOMES THE PROPERTY OF THE COMPANY.

FINALLY, I ACKNOWLEDGE AND UNDERSTAND THAT MY EMPLOYMENT WITH THE COMPANY IS AT ALL TIMES "AT WILL" AND EITHER I OR THE COMPANY CAN TERMINATE THE RELATIONSHIP AT ANY TIME FOR ANY REASON OR FOR NO REASON.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT SAME AS CONDITIONS OF MY EMPLOYMENT WITH THE COMPANY:

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY

POSITION:
HIRE DATE:
RATE OF PAY:
SUPERVISOR:

PLEASE COMPLETE EMPLOYMENT VERIFICATION ON BACK.



Sunshine

Thrift Store

EMPLOYMENT VERIFICATION AUTHORIZATION

This letter authorizes Sunshine Thrift Stores to contact my prior employers as listed on my employment application as submitted to Sunshine Thrift Stores for purposes of verifying employment, performance, compensation, and any other matters pertaining to my employment.

Applicant Signature	Print Name	Date

This portion to be filled out by previous employer:

<i>Dates Employed</i>	<i>From</i>	<i>To</i>	<i>Position Held</i>	
<i>Is this information correct? If no, clarify</i>				
<i>Reason for Termination/Separation?</i>				
<i>Did employee work out proper notice?</i>			<i>Is employee eligible for rehire?</i>	
<i>If no, please explain.</i>				
	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Quality of Work	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Courtesy	_____	_____	_____	_____
Job Knowledge	_____	_____	_____	_____
Comments				
<i>Date:</i> _____		<i>Signature:</i> _____		