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| --- |
| 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. |

 **FOR CONSIDERATION, PLEASE COMPLETE ENTIRE APPLICATION.**

|  |  |  |
| --- | --- | --- |
| TODAY’S DATE | NAME (FIRST, MIDDLE, LAST) | HOME PHONE WITH AREA CODE |
| ADDRESS | CITY, STATE, AND ZIP CODE | MOBILE PHONE WITH AREA CODE |
| RELATIVES OR FRIENDS WORKING FOR US | REFERRED TO US BY | ARE YOU OVER 18? |
| HAVE YOU EVER WORKED FOR US BEFORE |  | HAVE YOU EVER APPLIED WITH US BEFORE? |
| YES NO |  | YES NO |
| IN CASE OF EMERGENCY | RELATIONSHIP | ADDRESS | AREA CODE & NUMBER |
| ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? HOURS ELIGIBLE TO WORK |
| YES NO |
| **Store Location applying for**: \_\_\_\_\_\_ **Tampa**  \_\_\_\_\_\_ **St. Pete** \_\_\_\_\_\_ **Bradenton**  |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| SCHOOLS ATTENDED | **LOCATION** | **DEGREE** | **DID YOU GRADUATE?** |
| INCLUDE CURRENT |
| 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

**PLEASE COMPLETE ALL 3 PAGES TO BE CONSIDERED.**

**EMPLOYMENT HISTORY**

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

|  |  |  |
| --- | --- | --- |
| EMPLOYER | FROM/THRU | TYPE OF BUSINESS |
| ADDRESS | FINAL PAY RATE | PHONE OR FAX # |
| NAME OF SUPERVISOR | REASON FOR LEAVING | Is it ok to call? \_\_\_\_\_yes \_\_\_\_\_No |
| BRIEF SUMMARY OF DUTIES |
| EMPLOYER | FROM/THRU | TYPE OF BUSINESS |
| ADDRESS | FINAL PAY RATE | PHONE OR FAX # |
| NAME OF SUPERVISOR | REASON FOR LEAVING | Is it ok to call? \_\_\_\_\_yes \_\_\_\_\_No |
| BRIEF SUMMARY OF DUTIES |
| EMPLOYER | FROM/THRU | TYPE OF BUSINESS |
| ADDRESS | FINAL PAY RATE | PHONE OR FAX # |
| NAME OF SUPERVISOR | REASON FOR LEAVING | Is it ok to call? \_\_\_\_\_yes \_\_\_\_\_No |
| BRIEF SUMMARY OF DUTIES |

|  |
| --- |
| HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM EMPLOYMENT? (PLEASE CIRCLE ONE) YES NO |
| IF YESEXPLAIN:  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **OCCUPATION** | **ADDRESS** | **PHONE NUMBER** |

**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 VEHCILE 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:**

|  |  |
| --- | --- |
|  | **FOR OFFICE USE ONLY** |
| **SIGNATURE OF APPLICANT** | POSITION: |
|  | HIRE DATE: |
|  | RATE OF PAY: |
| **DATE** | SUPERVISOR: |