

Sticks®

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For	Date of Application	
How Did You Learn About Sticks ?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Relative	<input type="checkbox"/> Other
<input type="checkbox"/> Internet		

Last Name	First Name	Middle Initial	
Address	City	State	Zip
Home Telephone Number(s)	Cell Telephone Number(s)	Work Telephone Number(s) May we contact you there? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Best time to contact you at home is: _____:_____ AM
PM

If you are under 18 years of age,
can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with **Sticks** before? Yes No
If yes, give date _____

Have you ever been employed with **Sticks** before? Yes No
If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available for work ____/____/____ Salary Desired \$ _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____/ - ____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION				
School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job; include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you been convicted of a felony in the last seven (7) years? Yes _____ No _____
 (The conviction may be relevant if job-related but does not necessarily bar you from employment.)
 The position for which you are applying does require/does not require [circle one] a valid drivers license. If the job requires a driver's license, describe your current license: No. _____; Type: _____; State of Issue: _____; Expiration: _____.
 Is your license currently under suspension? Yes/No. If yes, please explain the circumstances: _____

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age ancestry, disability or other protected status.

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (X Skills/Equipment Operated)

<input type="checkbox"/> PBX System	<input type="checkbox"/> Spreadsheet	Telecommunications	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	Equipment	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Windows 95	_____	_____
<input type="checkbox"/> WPM _____	<input type="checkbox"/> Internet	_____	_____

State any additional information you feel may be helpful to us in considering your application

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors.

Name	Phone Number	Occupation
1.		
2.		
3.		

PREVIOUS ADDRESS

Address	City/State	From/To
1.		
2.		
3.		

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

APPLICANT'S STATEMENT

I certify that all of the information provided by me on this application or an attached resume is true and complete.

I authorize investigation and verification of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release the reporting companies from any liability resulting from the verification process of my application for employment.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application, resume or interview(s) may be grounds for my discharge from employment when ever discovered. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date