



## SALES ASSOCIATE

### +++PERSONAL INFORMATION

**DATE:**

NAME (Last First Middle)		Social Security #	
		Are you over 18?	
Current Address	City	State	Zipcode
Permanent Address	City	State	Zipcode
Home Phone	Cell Phone		
Emergency Phone (Where can we find you?)			

### AVAILABILITY:

*Open 7 days week (SAT & SUN A MUST!)*

What's the earliest you can come in?	What's the latest you can stay?
How many hours do you want each week?	Are there any days you cannot work?
Do you have transportation to work?	

### RETAIL/FOOD EXPERIENCE? Yes/N

**If so, where and when?**


### EMPLOYMENT HISTORY (list most recent first)

Date	Month&Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					

EDUCATION	Name & Location of School	Years att.	Did you graduate?	Subjects Studied
HIGH SCHOOL				
COLLEGE				
TRADE OR OTHER				

Do you attend college classes (full or part time) or plan to in the near future?
What extra curricular activities to you participate in or enjoy?



## SALES ASSOCIATE

**WHY WOULD YOU LIKE TO WORK FOR US?**


**HOW WILL YOU CONTRIBUTE TO OUR ORGANIZATION? i.e. sales, customers, etc.**


**WHY SHOULD WE HIRE YOU?**


**REFERENCES**

Name	Address	Phone #	Relationship

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

In consideration of my employment I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_