

# Application For Employment

Air Terminal Gifts, Inc.



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position Applied For	Date of Application
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How Did You Learn About Air Terminal Gifts?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In
<input type="checkbox"/> Relative	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Initial
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Address	Street	Apt. #	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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Are you 18 years of age or older?  Yes  No

Have you ever been employed with us before?  Yes  No

If yes, please give date: \_\_\_\_\_

Are you currently employed?  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.*

On what date would you be available for work? \_\_\_\_\_

We are open 7 days per week, please list the days and times you are **able** to work.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

Have you been convicted of a felony within the last 7 years?  Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain: \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Education

	High School				Undergraduate College/University				Graduate /Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree												
Describe Course of Study												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

## Indicate any foreign languages you can speak, read and / or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

# References

Give name, address and telephone number of three references who are **not** related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

# Emergency

Please list two individuals in case of emergency:

Name:	Address:	Phone:	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes

No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

# Employment Experience

Start with your present or last job. Include any job-related volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.

Employer	Dates Employed From _____ To _____		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting _____ Final _____		
Job Title	Supervisor		
Reason for Leaving			

2.

Employer	Dates Employed From _____ To _____		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting _____ Final _____		
Job Title	Supervisor		
Reason for Leaving			

3.

Employer	Dates Employed From _____ To _____		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting _____ Final _____		
Job Title	Supervisor		
Reason for Leaving			

4.

Employer	Dates Employed From _____ To _____		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting _____ Final _____		
Job Title	Supervisor		
Reason for Leaving			

## Special Skills and Qualifications

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

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# Applicant's Statement

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 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 or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview:     Yes         No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Employed:             Yes         No        Date of Employment: \_\_\_\_\_

Store Number: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTES:

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