

# EMPLOYMENT APPLICATION

## Broadway Krown True Value

1325 Broadway  
Brooklyn, NY 11221

<b>PERSONAL INFORMATION</b>				
				Date _____
NAME _____		SS # _____		
Last	First	Middle		
PRESENT ADDRESS _____				
Street		City	State	Zip
PHONE NUMBER _____		Are You 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No **		
Are you a U.S. citizen or an alien authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				

\*\*Your Age is  16 years old      Do you have WORKING PAPERS?  Yes  No  
 15 years old and your next Birthday is: \_\_\_\_\_

<b>EMPLOYMENT DESIRED</b>		PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>
		IF PART TIME WHAT HOURS/DAYS _____	
POSITION	<input type="checkbox"/> Cashier <input type="checkbox"/> Sales	DATE YOU CAN START _____	
	<input type="checkbox"/> Receiving <input type="checkbox"/> Office		
ARE YOU EMPLOYED NOW? _____		MAY WE CONTACT PRESENT EMPLOYER? _____	
EVER EMPLOYED BY THIS COMPANY BEFORE? _____		WHEN? _____	
DESIRED SALARY _____ (Hourly)			

EDUCATION	Name & Location of School	*No. of years attended	*Did you graduate?	Subjects studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

(Continued on back)

**GENERAL**

Subjects of Special Study or Research Work \_\_\_\_\_  
 Do you speak more than one language? If so which? \_\_\_\_\_ Present Membership in  
 U.S. Military or \_\_\_\_\_ National Guard  
 Naval Service \_\_\_\_\_ Rank \_\_\_\_\_ or Reserves \_\_\_\_\_

**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)**

Date Month and Year	Name & Address of Employer	Salary	Position	Reason for leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				

**REFERENCES: GIVE THE NAMES OF 2 PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST 1 YEAR**

Name	Address	Business	Years Acquainted
1.			
2.			

**PHYSICAL RECORD:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes  No

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

Please describe \_\_\_\_\_

In case of emergency notify \_\_\_\_\_  
 Name Address Phone Number

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

I authorize investigation of all statements contained herein and the references 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 all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.”

Date \_\_\_\_\_ Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWER NOTES: \_\_\_\_\_