Marin Ace
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Standard 5 & 10 Ace
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415/479-9393

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

NAME - LAST	FIRST	MIDDLE	LOCATION/POSITION DESIRED	SOCIAL SECURITY NUMBER	TODAYS DATE: DATE AVAILABLE:
ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER: HM/CELL	EMAIL

Do you wish to work: Full Time Part Time Seasonal

Please indicate hours you are available to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

EDUCATION

NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	MAJOR COURSE(S)	GRADUATED OR DEGREE
HIGH SCHOOL			YES NO
COLLEGE			LIST DEGREE
GRAD. SCHOOL			
OTHER			

SKILLS

POS MACHINE	ELECTRICAL
KEY CUTTING MACHINE	PLUMBING
PAINT MIXING MACHINE	BUILDING CONSTRUCTION
WORD PROCESSING	PERSONAL COMPUTER

OTHER SKILLS:

EMPLOYMENT HISTORY

Give Names and Addresses of All Previous Employers. If you are now working, present employer and reason for desire to quit must be included. Additional paper will be provided upon request. Also give reason for any lapse of time between jobs. **MAY WE CONTACT YOUR CURRENT EMPLOYER?:** YES NO

EMPLOYER (Latest First)	DATES EMPLOYED	EARNINGS HISTORY	TITLE AND DUTIES	REASON FOR LEAVING
NAME ADDRESS CITY/STATE/ZIP TELEPHONE SUPERVISOR	FROM TO	START FINAL		
NAME ADDRESS CITY/STATE/ZIP TELEPHONE SUPERVISOR	FROM TO	START FINAL		
NAME ADDRESS CITY/STATE/ZIP TELEPHONE SUPERVISOR	FROM TO	START FINAL		
NAME ADDRESS CITY/STATE/ZIP TELEPHONE SUPERVISOR	FROM TO	START FINAL		

(Complete Other Side)

MILITARY SERVICE	BRANCH	FINAL RANK/GRADE	SPECIALTY/MOS	RESERVE STATUS
Have you ever been employed by our Company? YES NO		IF YES, WHEN	WHERE	

Do you have any relatives employed by our Company? YES NO If yes, please state person's name, job and employment location. _____

GENERAL INFORMATION

Have you ever been convicted or pleaded guilty to a felony? YES NO If yes, give full details. (Conviction won't necessarily disqualify you for the position for which you are applying.)

If hired, can you furnish proof of age? YES NO If, hired, can you furnish proof you are legally entitled to work in U.S.? YES NO

How did you hear of our Company? Employee Referral _____ (name of employee) Own Accord Advertising Agency _____ (name) other

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Company?

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW:

This application is considered current for 90 days. If you want to be considered for employment after this time you must renew your application in writing.

I certify that the information contained in this application and/or any supplement thereto, is correct to the best of my knowledge and understand that any mis-statement or omission of information is grounds for dismissal in accordance with Company Policy. I authorize Ace Hardware to contact my current or prior employers and/or the above references and request any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I expressly release Ace Hardware and all parties providing such information from any and all liability or responsibility for damage that may result from furnishing the same to you. I further understand said background check may also involve the Company's obtaining an investigative consumer report on me which may cover such areas as my character, general reputation and mode of living. I hereby authorize the Company, if they wish, to make such an inquiry and understand that upon my written request, additional information as to the nature of said inquiry will be provided.

If I am offered a position with the Company, I agree to conform to the applicable rules, regulations and policies of the Company, and acknowledge that my employment and compensation can be terminated at any time with or without cause, and with or without notice, at the option of either the Company or myself. I further understand that no representative of the Company has any authority to make any agreement contrary to the foregoing or to bind the Company for the employment of any person for any specified period of time.

Date _____ Applicant's Signature_____

You must fill in your own application and fully complete this application in order to receive proper consideration.