

Date of Application:						
Position Applied For: How Did You Learn About This Position						
□ Walk-In□ Friend/Relativ□ Advertisement						
PERS	ONAL INFORM	ATION				
Name:						
Last	Middle		First			
Address:	City	Sta	te Zip	Code		
Telephone:			Lie Zip			
If you are under 18, can you furnish a v	work permit?		□ Yes	□ No		
Are you legally authorized to work in th			□ Yes	□ No		
(Proof of eligibility will be required upon employment)			-			
Have you been convicted of a felony wi	•		☐ Yes	□ No		
If yes, please explain: (A conviction will not necessarily disqualify you from employment.)						
Have you ever been employed by us or If yes, when:				□ No		
Do you have any relatives employed by If yes, when:	our company?		☐ Yes			
11 ycs, wich	Where.					
AVAILABILITY						
Date you are available to work:		- L T'				
Do you wish to work: Full-Tin				ary		
If temporary, specify dates available:						
Sunday Monday Tuesday	Wednesday	Thursday		Saturday		
Wages desired: \$ per	Hours	per week:				
Can you travel if your job requires it?		per week	□ Yes	□ No		
, , , , ,						
	LLS & EXPERIE	ENCE				
(Check all that apply) ☐ Electrical	□ Rlac	la Charnanina	,			
☐ Plumbing	, , , , , , , , , , , , , , , , , , ,					
☐ Paint Mixing Machine	· · · · · · · · · · · · · · · · · · ·					
☐ Building Construction						
☐ Key Cutting Machine	5					
☐ Lock Servicing	, 5					
☐ Fluency in Foreign Languages:						
List any other relevant qualifications you have that can be a benefit in this position:						



		ED	UCATIO	N				
	Nama			Years	Dograpa		Major	
	Name	and Location		Completed	Degree?		Major	
High School								
College								
Grad School								
Other								
		EMBLOY	MENTIII	CTORY	l	_		
Civo names and a	ddresses of all previous		MENT HI		ont omployer and rea	son vou	want to loav	
	uded. Additional sheets							
		•	·	•			-	
May we conta	act your present e					Yes	□No	
Emplo	yer (Latest first)	Dates Employed	Salary History	Ро	sition and Duties	'	Reason for Leaving	
Name:	yer (Edeese mise)	From:	Start:		Daties		Leaving	
Address (City/State	e/Zip):	To:	Final:					
Telephone:	Supervisor:							
Name:	1	From:	Start:					
Address (City/State	e/Zip):	To:	Final:					
Telephone:	Supervisor:							
Name:		From:	Start:					
Address (City/State	e/Zip):	To:	Final:					
Telephone:	Supervisor:							
Name:		From:	Start:					
Address (City/State/Zip):		То:	Final:					
Telephone:	Supervisor:							
Additional she	eets attached?					Yes	□ No	
		RE	FERENCE	S				
	Please list 3 prof	essional references	(not related	to you) with co	ntact information.			
Name:	Phone number:			Email:				
How do you know	this person?				Years acquainted?			
Name:		Phone number:			Email:			
How do you know	this person?	1			Years acquainted?			
Name:	Phone number:			Email:				
How do you know	w do you know this person?			Years acquainted?				

SUPPLEMENTAL INFORMATION					
Why do you want to work at Ace Hardware?					
, ,					
What is your definition of customer service?					
Please read the following carefully before signing	g below:				
This application is considered current for 9	<u> </u>				
employment after this time, you must ren	ew your application in writing.				
I certify that the information contained in this application and/or a	any supplement thereto, is correct to the hest of my knowledge				
and understand that any mis-statement or omission of information					
authorize Ace Hardware – Alameda Station (the Company) to con					
and request any information concerning my previous employment otherwise, and I expressly release Ace Hardware – Alameda Statio					
liability or responsibility for damage that may result from furnishing	ng the same to you. I further understand said background check				
may also involve the Company's obtaining and investigative consu	Imer report on me which may cover such areas as my character, mpany, if they wish, to make such an inquiry and understand that				
upon my written request, additional information as to the nature					
If I am offered a position with the Company, I agree to conform t and acknowledge that my employment and compensation can be					
without notice, at the option of either the Company or myself. I f	urther 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.					
Applicant's Signature	Date				
(If e-mailing this document, you wi	Il be asked to sign upon interviewing.)				
PERSONNEL DEPA	RTMENT USE ONLY				
Arrange Interview:	☐ Yes ☐ No				
Comments:					
	viewer: Date:				
	Date:				
Job Title:	Hourly Rate/ Salary:				
Department:	Completed by:				