

True Value of Bethlehem

101 Main Street • Bethlehem, CT 06751 • 203-266-5262 • Fax 203-266-7746

PLEASE READ CAREFULLY - WRITE CLEARLY - ANSWER ALL QUESTIONS. The questions found on this form are being asked in order to properly evaluate your ability and chance for success in the position for which you are applying. Every effort has been made to comply with the applicable Federal and State laws. It is not our intent to discriminate in employment on account of color, race, sex, religion, age, national origin, handicap or any other characteristic protected by Federal, State or local law. In addition, True Value of Bethlehem will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee unless the accommodation would impose an undue hardship on our operation or the potential employee.

PERSONAL INFORMATION

Date: ___/___/___ Date of Birth: ___/___/___ Email: _____

Last Name: _____, First Name: _____

Present Address: _____

City: _____, State: _____, Zip Code: _____

Home Phone: _____, Cell Phone: _____

EMPLOYMENT DESIRED

Have you ever applied to this Company? Yes No If so, when? _____

Position: _____ Salary Desired: \$_____ Date you can start if hired: _____

Can you work any day of the week? Yes No - If no, what days can you work? M Tu W Th F Sa Su

Can you work any shift? Yes No If no, what hours can you work? _____

Are you either a U.S. citizen or an alien who is authorized to work in the United States? Yes No

EDUCATION

	High School	Technical School	Undergraduate College/University
School/Location			
Highest Level of School Completed			
Course of Study			

Describe any special training, skills or experience that you feel are relevant to the position desired: _____

EMPLOYMENT HISTORY

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD STARTING WITH CURRENT OR MOST RECENT EMPLOYER.

Dates Employed	Name, Address & Phone Number of Employer	Position	Reason for Leaving
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			

We may contact the employers listed above unless you indicate those you do not want us to contact:

DO NOT CONTACT EMPLOYER(S): _____

REFERENCES

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

1. _____
2. _____
3. _____

APPLICANT'S STATEMENT AND MEDICAL CONSENT

I understand that any misstatement, omission, or misleading information given in my application or interview or in connection with other company records may result in the rejection of my application, the withdrawal of any offer of employment, or my dismissal.

I hereby authorize the company to verify all statements contained in this application and/or resume to the extent permitted by federal, state, or local law. I release from all liability and responsibility all persons and entities requesting or supplying information about any information provided on this application, including my present employer. I also authorize the company to conduct a check into my criminal conviction record.

I agree to take a physical examination at the company's request and at no personal expense to me, at any time after I am offered a position at the company or any affiliated entity. I acknowledge that any offer of employment is contingent upon my satisfactorily completing the pre-employment medical examination and/or inquiry. Such medical exam and/or inquiry may include a pre-employment drug test. My offer of employment may be revoked if it is determined that I cannot perform the essential job functions of the position with or without a reasonable accommodation, or if providing a reasonable accommodation would impose an undue hardship on the company, or if my employment would pose a direct threat of substantial harm to myself or others.

I UNDERSTAND THAT IF EMPLOYED BY THE COMPANY, BOTH DURING AND SUBSEQUENT TO MY INTRODUCTORY PERIOD, I WILL BE AN EMPLOYEE-AT-WILL, WHICH MEANS THAT I CAN VOLUNTARILY END MY EMPLOYMENT OR BE TERMINATED AT ANY TIME WITHOUT CAUSE OR NOTICE. NO STATEMENT, WHETHER WRITTEN OR ORAL, BY ANY COMPANY REPRESENTATIVE, OTHER THAN A WRITTEN STATEMENT SIGNED BY THE PRESIDENT, MAY VARY THE FOREGOING.

Applicant Signature: _____ Date: _____