



APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

STORE USE:		
Location: HF <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/>	Re-hire?: Y <input type="checkbox"/> N <input type="checkbox"/>	Interviewed?: Y <input type="checkbox"/> N <input type="checkbox"/>

NAME - LAST	FIRST	MIDDLE	POSITION APPLYING FOR:	TODAYS DATE:	LOCATION: <input type="checkbox"/> Honeoye Falls <input type="checkbox"/> Brighton <input type="checkbox"/> Fairport/Perinton
ADDRESS			CITY	STATE	ZIP CODE
E-MAIL ADDRESS:				PHONE NUMBER:	PHONE NUMBER (2):
DATE AVAILABLE (Inc. end date if temporary):				Do You Wish to Work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Please indicate hours you are available to work:					
<u>Sunday</u>		<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>
		<u>Friday</u>	<u>Saturday</u>		

EDUCATION				SKILLS	
NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	MAJOR COURSE(S)	GRADUATED OR DEGREE YES NO	<input type="checkbox"/> POS SYSTEMS	<input type="checkbox"/> ELECTRICAL
HIGH SCHOOL				<input type="checkbox"/> KEY CUTTING	<input type="checkbox"/> PLUMBING
COLLEGE			LIST DEGREE	<input type="checkbox"/> PAINT MIXING	<input type="checkbox"/> COMPUTER
GRAD. SCHOOL				<input type="checkbox"/> RETAIL SALES	<input type="checkbox"/> CUSTOMER SERVICE
OTHER				<input type="checkbox"/> 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	TITLE AND DUTIES	REASON FOR LEAVING
NAME	FROM		
ADDRESS CITY/STATE/ZIP	TO		
TELEPHONE	SUPERVISOR		
NAME	FROM		
ADDRESS CITY/STATE/ZIP	TO		
TELEPHONE	SUPERVISOR		
NAME	FROM		
ADDRESS CITY/STATE/ZIP	TO		
TELEPHONE	SUPERVISOR		
NAME	FROM		
ADDRESS CITY/STATE/ZIP	TO		
TELEPHONE	SUPERVISOR		

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

IF YES, EXPLAIN:

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 _____ Own Accord Advertising Agency _____ other _____
name of employee name

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 Weiders Hardware Inc ("Weiders Hardware", "Weiders Ace Hardware", "Weiders Pro Hardware", "Weiders Paint & 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 Weiders 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.

If I am offered a position with the Weiders Hardware, 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.