

APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS GOOD FOR 60 DAYS

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

Applicants are considered for all positions (and employees are treated during employment), without regard to race, color, sex, religion, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

PLEASE PRINT:

Date of Application: _____ Position(s) Applied For: _____

Referral Source: ___ Advertisement ___ Friend ___ Relative ___ Walk-in ___ Employment Agency ___ Other: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE

TELEPHONE: _____ SOCIAL SECURITY NUMBER: _____

Have you filed an application here before? ___ Yes ___ No If yes, give date: _____

Have you ever been employed here before? ___ Yes ___ No If yes, give date: _____

Are you employed now? ___ Yes ___ No May we contact your present employer? ___ Yes ___ No

Are you 18 years or older? ___ Yes ___ No

Are you prevented from lawfully becoming employed in this country? ___ Yes ___ No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

On what date would you be available for work? _____ Expected Salary: _____

Are you available to work: ___ Full-time ___ Part-time ___ Temporary What days? Su M T W Th F Sa

Are you on lay-off and subject to recall? ___ Yes ___ No

Have you been convicted of a felony within the last 7 years? ___ Yes ___ No
(Convicted will not necessarily disqualify applicant from employment. The recency, severity, and pertinence of the conviction to the job all will be considered.) If yes, please explain: _____

Veteran of the U.S. Military Service? ___ Yes ___ No If yes, Branch: _____

List professional, trade, business, or civic activities and offices held. (You may exclude those which indicate race, color, disability, religion, sex, or national origin.) _____

Please give name, address, and telephone number of two references who are not related to you or previous employers:

1) _____

2) _____

WHICH OF THE FOLLOWING INDUSTRIAL SEWING MACHINES HAVE YOU OPERATED?

___ STRAIGHT NEEDLE ___ STRAIGHT NEEDLE W/ FOLDER ___ DOUBLE NEEDLE ___ MONOGRAM (NO DISK)
___ DOUBLE NEEDLE W/ FOLDER ___ DOUBLE NEEDLE W/ DBL FOLDER ___ EMBROIDERY (CHAIN STRITCH)
___ TACKING MACHINE ___ ZIG ZAG ___ OTHERS: _____

TYPES OF ITEMS PREVIOUSLY WORKED WITH (DRAPERY, COATS, LEATHER, ECT.):

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PREVIOUS EMPLOYMENT- LIST CURRENT OR LAST OCCUPATION FIRST:

EMPLOYER: _____

HOW LONG: _____ REASON FOR LEAVING: _____

EMPLOYER: _____

HOW LONG: _____ REASON FOR LEAVING: _____

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APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application and these answers are true and complete to the best of my knowledge. I understand that any false or misleading information provided during application or interview process will result in my immediate discharge if I am hired, regardless of when discovered.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the company is terminable-at-will so that both the company and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending on Company policy. I authorize the Company to make a thorough investigation of my past employment, education, and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability that might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or part, to any prospective employee, government agency or other party, with an interest that the Company deems appropriate.

Signature of Applicant

Date