



47 Yardville-Groveville Rd.
Yardville, NJ 08620
PO Box 8427
Hamilton, NJ 08650
Phone: (609) 585-5000
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www.yardvillesupply.com

APPLICATION FOR EMPLOYMENT

Smith's Ace Hardware – Yardville Location
47 Yardville-Groveville Road, Yardville, NJ 08620
Phone: 609-585-5000

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, State and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such 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

Telephone (____) _____

If employed and you are under 18, can you furnish a work permit? YES NO

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

-If yes, may we contact your present employer? YES NO

If hired, can you furnish proof you are legally entitled to work in the United States? YES NO

On what date would you be available to work? _____

Are you available to work: Full Time Part-Time Shift Work Temporary

Can you travel if a job requires it? YES NO

Are you fluent in any languages other than English? YES NO If Yes, please list: _____

PERSONAL REFERENCES

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

Name and Occupation	Address	Telephone Number
		()
		()
		()

EDUCATION	Elementary	High	College/University	Graduate
School Name				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
Honors Received				

Indicate any additional information you feel may be helpful to us in considering your application:

DAYS AND HOURS AVAILABLE TO WORK

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

DESIRED HOURLY RATE/SALARY \$ _____

DO YOU HAVE A VALID DRIVERS LICENSE AND/OR RELIABLE TRANSPORTATION? YES NO

EMPLOYMENT HISTORY

LIST MOST RECENT HISTORY FIRST

Employer	Telephone	Dates Employed From	To	Work Performed
Address		Hourly Rate/Salary Starting	Final	
Job Title		Supervisor		
Reason for Leaving				
Employer	Telephone	Dates Employed From	To	Work Performed
Address		Hourly Rate/Salary Starting	Final	
Job Title		Supervisor		
Reason for Leaving				
Employer	Telephone	Dates Employed From	To	Work Performed
Address		Hourly Rate/Salary Starting	Final	
Job Title		Supervisor		
Reason for Leaving				

APPLICANT'S STATEMENT

I understand this application is considered current for 90 days. If I want to be considered for employment after that time, I must renew my application in writing.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. I further understand a background check may involve the Company's obtaining an investigating consumer report on me which may cover such areas as my character and general reputation.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Applicant's Signature

Date

For Personnel Department Use Only	
Arrange Interview ____ YES ____ NO	
Remarks _____	
Employed ____ YES ____ NO Date of Employment ___/___/___ Salary _____	