



APPLICATION FOR EMPLOYMENT

WE APPRECIATE YOUR INTEREST IN OUR COMPANY AND ASSURE YOU THAT WE ARE SINCERELY INTERESTED IN YOUR QUALIFICATIONS. A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY WILL HELP US EVALUATE YOUR QUALIFICATIONS FOR EMPLOYMENT.

100% EMPLOYEE OWNED

PERSONAL				
LAST NAME	FIRST NAME	INITIAL	EMAIL ADDRESS	DATE
PERMANENT ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
ARE YOU LESS THAN 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF OFFERED A JOB AND ARE UNDER 18 YEARS OF AGE, CAN YOU FURNISH A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED CAN YOU PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED		
NAME(S) OF FRIENDS OR RELATIVES EMPLOYED BY THIS ORGANIZATION	HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATE AND POSITION APPLIED FOR		
	HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES OF EMPLOYMENT	ARE YOU WILLING TO WORK OVERTIME OR A FLEXIBLE WORK SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED. (NOTE: WE COMPLY WITH THE ADA AND CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS. HIRE MAY BE SUBJECT TO PASSING A MEDICAL EXAMINATION, AND TO SKILL AND AGILITY TESTS.)			

EMPLOYMENT INTERESTS		
POSITION DESIRED OR AREA OF INTEREST	SECOND CHOICE:	DATE AVAILABLE
TYPE OF EMPLOYMENT YOU ARE SEEKING <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	SHIFTS YOU CAN WORK <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT	
HOW WERE YOU REFERRED TO OUR ORGANIZATION? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> OTHER COMPANY <input type="checkbox"/> FRIEND / RELATIVE <input type="checkbox"/> HOWARDS. COM/INTERNET <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SCHOOL <input type="checkbox"/> SELF <input type="checkbox"/> OTHER	NAME OF REFERRAL SOURCE	

EDUCATION / U.S. MILITARY SERVICE				
SCHOOL OR INSTITUTION	NAME AND ADDRESS OF SCHOOL	MAJOR	UNITS COMPLETED AND GRADE AVERAGE	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL				
COLLEGE				
OTHER				

SKILLS AND QUALIFICATIONS: SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT, MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS OR OTHER EXPERIENCES THAT MAY QUALIFY YOU FOR WORK WITH OUR COMPANY. EXCLUDE THOSE THAT INDICATE RACE, COLOR, RELIGION, GENDER, GENDER IDENTITY, NATIONAL ORIGIN, ANCESTRY, AGE, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, SEXUAL ORIENTATION OR MARITAL STATUS.

ARE YOU TAKING ANY EDUCATIONAL COURSES, CURRENTLY? YES NO IF YES, WHAT AND WHERE?

REFERENCES LIST PEOPLE WE MAY CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES (DO NOT INCLUDE RELATIVES)							
NAME	ADDRESS	CITY	STATE	ZIP	TELEPHONE	OCCUPATION	YEARS KNOWN
1.							
2.							
3.							
4.							

Howard's Appliances, Inc. is an equal opportunity employer and does not discriminate based on race, color, gender, religious creed, religious dress and grooming practices, marital or familial status, domestic partner status, national origin or ancestry, physical or mental disability, medical condition, genetic characteristics or information, sex (including pregnancy, childbirth, breastfeeding and medical conditions related to pregnancy, childbirth, or breastfeeding), sexual orientation, military or veteran status, gender identification, and gender expression or any other consideration or characteristic made unlawful by federal, state, or local laws.

EMPLOYMENT HISTORY

GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE, LISTING CURRENT OR MOST RECENT EMPLOYER FIRST. SHOW UNEMPLOYED OR SELF-EMPLOYED PERIOD AND INDICATE DATES AND COMMENT ON EACH PERIOD, INCLUDE PART-TIME OR SUMMER WORK. YOU MAY USE EXTRA SHEETS FOR ADDITIONAL INFORMATION. FOR ADDITIONAL EMPLOYMENT HISTORY, PLEASE ATTACH SEPARATELY.

COMPANY NAME (CURRENT OR MOST RECENT POSITION)	ADDRESS	TELEPHONE ()	DATES EMPLOYED (MONTH / YEAR) FROM TO
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	REASON FOR LEAVING
DESCRIPTION OF DUTIES			
			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY NAME (CURRENT OR MOST RECENT POSITION)	ADDRESS	TELEPHONE ()	DATES EMPLOYED (MONTH / YEAR) FROM TO
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	REASON FOR LEAVING
DESCRIPTION OF DUTIES			
			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY NAME (CURRENT OR MOST RECENT POSITION)	ADDRESS	TELEPHONE ()	DATES EMPLOYED (MONTH / YEAR) FROM TO
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	REASON FOR LEAVING
DESCRIPTION OF DUTIES			
			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

ACKNOWLEDGMENT

- I understand that prior to finalization of any offer of employment regarding certain job positions, the company may condition the offer of employment on satisfactory completion of a medical examination and/or a drug and alcohol screen. I agree to sign a release of medical information authorization form, and to submit to a medical examination and/or drug alcohol screen should the employer condition my offer of employment upon successful completion of such an examination or screening.
- Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements obtained within this application and pre-employment process. I understand that should Howard's Appliances, Inc. find that any statement I have made is not truthful, any job offer extended to me will be withdrawn and if employed, I may be subject to immediate dismissal.
- I authorize Howard's Appliances, Inc. to may any investigation allowed by law which my employer deems necessary for employment consideration and promotion within the organization.
- I understand that this employment application and any offer of employment are not to be construed as a guarantee of employment for a specific time. I further understand that my employment with Howard's Appliances, Inc. does not constitute any form of contract, implied or expressed, and such employment will be terminable at will for any reason either by myself or Howard's Appliances, Inc. upon notice of one party to the other. This at will aspect of my employment cannot be changed, waived or modified except by an express provision in an individual written employment contract signed by me and the President of Howard's Appliances, Inc.
- The undersigned applicant hereby acknowledges and understands that as a condition of employment the applicant is required to sign an Arbitration Agreement with Howard's that provides that any dispute or claim the applicant may have with Howard's regarding the applicants employment or that Howard's may have with the applicant must be submitted to binding arbitration except for such claims and disputes for which arbitration cannot be compelled by law. If the applicant receives an offer of employment from Howard's the applicant may request to see a copy of this Agreement before accepting the offer.
- Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to Howard's Appliances, Inc., or its products, customers, employees, plans or procedures. I agree to deliver to Howard's Appliances, Inc. any and all copies of confidential information, or other company property, upon termination of the employment relationship or at any time upon my employer's request. I also agree not to solicit employees of my employer either during or for one year after employment to leave Howard's Appliances, Inc. and commence work with another Company.
I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supersede and replace any prior understandings or discussions I have had with Howard's Appliances, Inc. and set forth the complete agreement between me and Howard's Appliances, Inc. regarding these matters.
I give Howard's Appliances, Inc permission to contact any or all of my employers and references as well as any other investigation allowed by law which is deemed necessary by Howard's Appliances, Inc. for full information and hereby release Howard's Appliances, Inc. from any and all liability in doing so.

APPLICANT SIGNATURE _____ DATE _____