



APPLICATION FOR EMPLOYMENT

One Enterprise Drive * Westcliffe, CO 81252

NAME — LAST	FIRST	M.I.	POSITION DESIRED	LAST 4 OF SOCIAL SECURITY NUMBER	DATE AVAILABLE:
ADDRESS			CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER			EMAIL ADDRESS		
Please indicate HOURS you are available to work:					Do you wish to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Any Available
Monday		Tuesday		Wednesday	
Thursday		Friday		Saturday	
Sunday					

EDUCATION				SKILLS	
NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	MAJOR COURSE(S)	GRADUATED OR DEGREE	CASH HANDLING	ELECTRICAL
HIGH SCHOOL			YES NO	<input type="checkbox"/> ENGINE REPAIR	<input type="checkbox"/> PLUMBING
				<input type="checkbox"/> PAINT MIXING	<input type="checkbox"/> BUILDING CONSTRUCTION
COLLEGE			LIST DEGREE	<input type="checkbox"/> MICROSOFT EXCEL	<input type="checkbox"/> BOOKKEEPING
				<input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> COMPUTERS
				<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?: <input type="checkbox"/> YES <input type="checkbox"/> NO					
EMPLOYER (Latest First)		DATES EMPLOYED	EARNINGS HISTORY	TITLE AND DUTIES	REASON FOR LEAVING
NAME		FROM	START		
ADDRESS CITY/STATE/ZIP		TO	FINAL		
TELEPHONE	SUPERVISOR				
NAME		FROM	START		
ADDRESS CITY/STATE/ZIP		TO	FINAL		
TELEPHONE	SUPERVISOR				
NAME		FROM	START		
ADDRESS CITY/STATE/ZIP		TO	FINAL		
TELEPHONE	SUPERVISOR				
NAME		FROM	START		
ADDRESS CITY/STATE/ZIP		TO	FINAL		
TELEPHONE	SUPERVISOR				

MILITARY SERVICE	BRANCH	FINAL RANK/GRADE	SPECIALTY/MOS	RESERVE STATUS
Have you ever been employed by Ace Hardware? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN	WHERE	
Do you have any relatives employed by Ace Hardware? <input type="checkbox"/> YES <input type="checkbox"/> 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 Valley Ace Hardware? Employee Referral _____ Own Accord Advertising _____
name of employee other

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with Valley Ace Hardware? (You may attach a cover letter, resume, and/or personal references to this application)

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 Ace 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 Ace 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. I further understand said background check may also involve the Company's obtaining an investigative consumer report on me which may cover such areas as my character, general reputation and mode of living. I hereby authorize the Company, if they wish, to make such an inquiry and understand that upon my written request, additional information as to the nature of said inquiry will be provided.

If I am offered a position with the Company, 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. *******UPON HIRE, APPLICANT MUST TAKE A DRUG TEST.*******

Applicant's Signature _____ **DATE** _____

You must fill in your own application and fully complete this application in order to receive proper consideration. We are an EQUAL OPPORTUNITY EMPLOYER