



# APPLICATION FOR EMPLOYMENT

A Tool Shed Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, nation origin, the presence of mental, physical, or sensory disability, sexual orientation or any basis prohibited by federal, state or provincial law.

**Please complete entire application to ensure processing.**

<b>PERSONAL INFORMATION</b> (Please print)					
Name	Last	First	Middle	Social Security Number	Date (M/D/Y)
Other names you are known by _____ Are you less than 18 years of age? Yes___ No___ (A Tool Shed Inc. is required to comply with					
Do you speak, write and/or understand another language(s)? _____ If yes, which language(s)? _____ federal, state, or provincial law.)					
Are you legally eligible for employment in the U.S.? Yes ___ No ___ (All new hires will be required to provide proof of eligibility to work in the U.S.)			Have you been convicted of a crime in the last seven (7) years? Yes___ No___ If yes, list the convictions that are a matter of public record (arrest are not convictions). A conviction will not necessarily disqualify you for employment.		
Present Address	Street	City		State/province	Zip code/Postal code
Permanent Address	Street	City		State/province	Zip code/Postal code
Phone Number	Daytime	Evening	Referred By		

<b>EMPLOYMENT DESIRED</b> (Please keep in mind that the availability of hours may vary.) Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/>							
Position	Location/Department	Salary Desired			Date You Can Start		
Specify hours available for each day of the week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Are you able to work overtime? _____		Do you have a valid California Drivers License? Yes ___ No ___					
Have you ever worked for A Tool Shed Inc.?		If yes, when?		Which Branch/Department?			

EDUCATION	Name and Address of School	Circle Last Years Completed	Did you Graduate?	Subjects Studied and Degree Received
High School		1 2 3 4	Y N	
College		1 2 3 4	Y N	
Post College		1 2 3 4	Y N	
Trade, Business, or Correspondence School		1 2 3 4	Y N	

List skills relevant to the position applied for \_\_\_\_\_

**Skills** For Office/Administrative Positions Only      Type WPM: \_\_\_\_\_      10-Key:  Yes  No

Computer Proficiency:  Word for Windows     Excel     Others: (Please List)

Have you ever visited an A Tool Shed Inc. location? Describe your experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why would you like to work for A Tool Shed Inc.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe a specific situation where you have provided excellent customer service in your most recent position. Why was this effective? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORMER EMPLOYERS**

List below current and last three employers, starting with the most recent one first. Please include any non-paid/volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume.

Date (M/D/Y)

From	Current Employer (Name and Address of employer – Type of Business)	Salary Or Hourly	Position	Reason for Leaving
To		Starting _____		
		Ending _____		
		If hourly, average # of hours per week _____		

Duties Performed

Supervisor's Name

Phone Number

May We Contact?

From	Previous Employer (Name and Address of employer – Type of Business)	Salary Or Hourly	Position	Reason for Leaving
To		Starting _____		
		Ending _____		
		If hourly, average # of hours per week _____		

Duties Performed

Supervisor's Name

Phone Number

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Duties Performed

Supervisor's Name

Phone Number

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Duties Performed

Supervisor's Name

Phone Number

May We Contact?

**REFERENCES**

Give below the names of three professional references, who you have known at least one year.

Names	Address and Phone Number	Business	Years Acquainted How Do You Know This Person?

I hereby authorize A Tool Shed Inc. to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contracted by A Tool Shed Inc. to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of A Tool Shed Inc. I understand nothing contained in this application, or conveyed during any interview which may be granted, is intended to credit an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate A Tool Shed Inc. to hire me. **I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or A Tool Shed Inc. at any time without prior notice for any reason. Applicant may omit any convictions for the possession of marijuana (except for convictions for the possessions of marijuana on school grounds or possession of concentrated cannabis) that are more than two (2) years old, and any information concerning a referral to, and participation in, any pretrial diversion program.**

Date:

Signature:

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
COMMITTED TO HIRING A DIVERSE WORKFORCE.**

**FOR EMPLOYER'S USE ONLY — DO NOT WRITE ON THIS PAGE**

**INTERVIEW**

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

2<sup>nd</sup> Interview Remarks \_\_\_\_\_ Date \_\_\_\_\_

**TELEPHONE REFERENCES**

1. What were the dates of his or her employment? \_\_\_\_\_ Salary? \_\_\_\_\_
2. What was the nature of their job? \_\_\_\_\_
3. What did you think of their work? \_\_\_\_\_
4. Why did they leave your company? \_\_\_\_\_
5. Would they be eligible for re-hire? \_\_\_\_\_
6. Could you comment on: Attendance \_\_\_\_\_ Dependability \_\_\_\_\_ Overall Attitude \_\_\_\_\_
7. Is there anything else of significance we should know? \_\_\_\_\_

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7. Is there anything else of significance we should know? \_\_\_\_\_

**REFERENCE CHECK**

1. Contact name \_\_\_\_\_ Results \_\_\_\_\_
2. Contact name \_\_\_\_\_ Results \_\_\_\_\_

**NEW HIRE APPROVAL**

POSITION: \_\_\_\_\_ STARTING DATE: \_\_\_\_\_ SALARY: \_\_\_\_\_

APPROVED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NEW HIRE CHECK LIST**

1. New Employee must supply.  
Drivers License or ID  DMV Printout  Copy of Social Security Card
2. Please check off each item reviewed with employee and turned in with new hires packet.  
I-9  Health benefits  Direct Deposit  Uniform Request   
W-4

I ACKNOWLEDGE THAT INFORMATION ON THE ABOVE SUBJECTS WAS FURNISHED TO ME DURING MY ORIENTATION.

**EMPLOYEE'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_