

KARPATA INSTORE SERVICE

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT ALL INFORMATION CLEARLY

NAME: _____ DATE: _____
LAST MIDDLE FIRST

ADDRESS: _____
STREET CITY STATE ZIP APT

PHONE: _____ DATE AVAILABLE TO START: _____

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? YES NO
 HAVE YOU EVER BEEN EMPLOYED BY EMPLOYMENT TRADITIONS? YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? YES NO
 ARE YOU 18 YEARS OR OLDER? YES NO
 HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST 7 YEARS? YES NO

IF YES, PLEASE EXPLAIN: _____

WORK HISTORY

PLEASE LIST EMPLOYMENT STARTING WITH MOST RECENT:

DATES		NAME OF EMPLOYER	PHONE	TYPE OF WORK	SALARY	REASON FOR LEAVING
FROM	TO					
						MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
						MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
						MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE ANSWER ALL QUESTIONS-BOTH PAGES

EDUCATION/SKILLS

	CIRCLE HIGHEST GRADE	LAST SCHOOL ATTENDED	DEGREE/MAJOR	GRADUATED?
HIGH SCHOOL	1 2 3 4			<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE	1 2 3 4			<input type="checkbox"/> YES <input type="checkbox"/> NO
CERTIFICATION(S)				

PLEASE LIST ANY OTHER SKILLS OR JOB RELATED EXPERIENCES YOU FEEL WOULD BE APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING:

1. _____
2. _____
3. _____
4. _____

APPLICANT AUTHORIZATION:

I AUTHORIZE YOU AND ALL FORMER EMPLOYERS, GIVEN BY ME AS REFERENCES, TO ANSWER ALL QUESTIONS AND TO GIVE ALL INFORMATION IN CONNECTION WITH THIS APPLICATION OR IN ANY WAY CONCERNING ME. I AGREE, IF EMPLOYED BY YOU, THAT IF I EVER MAKE CLAIMS AGAINST YOU FOR PERSONAL INJURIES, UPON YOUR REQUEST I SHALL SUBMIT TO EXAMINATIONS BY PHYSICIANS OF YOUR SELECTION. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT WITH THE COMPANY IS ENTERED INTO VOLUNTARILY AND THAT I MAY RESIGN AT ANY TIME. SIMILARLY, MY EMPLOYMENT IS AT WILL AND MAY BE TERMINATED FOR ANY REASON AND AT ANY TIME WITH OR WITHOUT PREVIOUS NOTICE. I STATE THAT THE INFORMATION PROVIDED TO YOU ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IT SHALL BE GROUNDS FOR IMMEDIATE DISMISSAL IF ANY OF THE INFORMATION CONTAINED HEREIN IS FOUND TO BE UNTRUE. I WILL HOLD YOU HARMLESS FROM ANY CLAIMS INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY OR ILLNESS AS A RESULT OF PROVIDING FALSE OR MISLEADING INFORMATION ON THIS APPLICATION.

APPLICANT’S SIGNATURE: _____

APPLICANT’S NAME (PRINTED): _____

DATE: _____

FOR OFFICE USE ONLY

NOTES: _____

Please fax this form to (866)676-8193, attn: H/R Department

Thank you for sending your application!