



1420 Riverside Dr.  
Mount Vernon, WA 98273  
360-428-6977

# Application for Employment

**INSTRUCTIONS:** Each question should be fully and accurately answered. Please print, except for signature on back of application. All information you provide will be held in strict confidence.

Name (Last) (First) (MI)			Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address City State Zip			Phone Number	
Social Security Number	Are you a smoker? Yes <input type="checkbox"/> No <input type="checkbox"/>		18 Years or Older? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, how old? _____	
(For Driving Jobs Only) Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> Chauffeur's License? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Position Desired (Cashier, Sales, Service/Repair, Office, Etc.):				
Wage or Salary range expected: \$			Date Available:	
Availability (check box or select most appropriate): Full Time Only <input type="checkbox"/> Prefer Full Time <input type="checkbox"/> Part Time Only <input type="checkbox"/> Prefer Part Time <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Any Time <input type="checkbox"/> Temporary <input type="checkbox"/>				
Have you applied here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?				
May we contact your present/last employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employer (Present or Most Recent):			Dates of Employment (Month & Year): From / To /	
Address			Title and Duties: _____ _____ _____	
City/State/Zip Phone Number				
Immediate Supervisor:				
Reason for Leaving:				
Employer (Present or Most Recent):			Dates of Employment (Month & Year): From / To /	
Address			Title and Duties: _____ _____ _____	
City/State/Zip Phone Number				
Immediate Supervisor:				
Reason for Leaving:				
Employer (Present or Most Recent):			Dates of Employment (Month & Year): From / To /	
Address			Title and Duties: _____ _____ _____	
City/State/Zip Phone Number				
Immediate Supervisor:				
Reason for Leaving:				

Ace Hardware is an Equal Opportunity Employer

REFERENCES	Personal/Professional References (Not Relatives)							
	Name		Occupation		Company Name		Phone Number	
	1.							
	2.							
3.								
MILITARY	<p>ACE HARDWARE'S EEO POLICIES COMPLY WITH THE PROVISIONS OF SECTION 2012 OF THE VIETNAM ERA READJUSTMENT ACT OF 1974</p> <p>Military Status: Active Duty From _____ To _____ Rank Attained: _____</p> <p>Service Duties: _____</p> <p>Are you a member of a Reserve Organization? Yes <input type="checkbox"/> No <input type="checkbox"/> Branch of Service: _____</p>							
EDUCATION	Name and City of Schools Attended		From Mo/Yr	To Mo/Yr	Major Studies	Grade Point Avg	Did you Graduate?	Date Mo/Yr
	High School		/	/				/
	Trade School, College		/	/				/
	Trade School, College		/	/				/
			/	/				/
			/	/				/
	Other Courses or Training You Wish to Have Considered?				If No Degree, Total Courses Completed:			
SKILLS	List experience that may be appropriate to the position you are applying for (Cash Register, Sales, Service/Repair, Vocational, Etc.):							
OTHER	Have you missed more than 5 days of work during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	If yes, how much? Why?							
	Are you now, or do you expect to be engaged in any other business or other activity that might interfere with your employment here?							
	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:							
	Hobbies/Interests (Optional):							
ACE HARDWARE'S EOE POLICIES COMPLY WITH THE PROVISIONS OF THE REHABILITATION ACT OF 1973								
Do you have any physical limitations, which would impair the performance of the job for which you are applying?								
<input type="checkbox"/> Yes <input type="checkbox"/> No								
AUTHORIZATIONS AND SIGNATURE	<p><b>DRUG AND ALCOHOL SCREENING AUTHORIZATION:</b></p> <p>I understand that prior to or during my employment with Ace Hardware, I may be required to submit to drug and alcohol screening for the detection of illicit use of these substances. The results will be used in a manner consistent with Ace Hardware's policy regarding illicit substance use/abuse. _____ (Initials)</p> <p>I certify that all of the information provided on this application is accurate and understand that it is subject to verification and that my employment and/or continued employment may be contingent upon its accuracy. I further understand that pre-employment reference verifications may include but not be limited to questions regarding theft from employers, education and job history, criminal convictions, and drug abuse history.</p>							
	SIGNATURE				DATE			