



## Style 2000, Inc. Application For Employment

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position applying for: \_\_\_\_\_

- If hired can you furnish proof that you are 18 years of age, or older? Yes  No  If no, explain \_\_\_\_\_
- If hired can you furnish proof that you are eligible to work in the United States? Yes  No
- Are you available to work at any time of the day or week as needed? Yes  No   
If not, please explain limitations \_\_\_\_\_
  
- Have you ever been fired, laid off or asked to resign by an employer? Yes  No  If yes please explain \_\_\_\_\_  
\_\_\_\_\_

Style 2000, Inc. is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state or local statute, including race, color, creed, religion, age, sex, sexual orientation national origin, ancestry, marital status, pregnancy, disability (including those related to pregnancy or childbirth), status with regard to public assistance, membership or non-membership in a labor organization, complaining in good faith to the Employer or to a public authority, or any other characteristic protected under federal, state or local statute. None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation, illegal preferences or discrimination based upon non-job-related information or protected characteristics.

### Employment History:

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience.

Employer:	Supervisor and Title:		
Telephone: (     ) -	City:	State:	
Dates Employed: From:	To:	Starting Wage:	Final Wage:
Job Title:	Description of Duties:		
Reason for Leaving:			
Employer:	Supervisor and Title:		
Telephone: (     ) -	City:	State:	
Dates Employed: From:	To:	Starting Wage:	Final Wage:
Job Title:	Description of Duties:		
Reason for Leaving:			
Employer:	Supervisor and Title:		
Telephone: (     ) -	City:	State:	
Dates Employed: From:	To:	Starting Wage:	Final Wage:
Job Title:	Description of Duties:		
Reason for Leaving:			

Education:

	Name/Location	Course of Study	Did You Graduate?
High School			
College			
Other			

Personal References:

Name	Telephone	Years Know	How Acquainted

- Are you acquainted with anyone who is or was employed by our company? Yes  No  If yes, who, and how do you know them? \_\_\_\_\_
- Present member of the National Guard or Reserve? Yes  No
- Please list any skills, training, licenses or certification you have that may enhance your ability to perform the position you are applying for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Please Read Carefully Before Signing

By my signature below, I promise that the information in this employment application (and any related information provided by me) is true and complete. As an applicant I understand that any misrepresentation by me in the application will be sufficient cause for cancellation of any consideration for employment and/or separation from employment. I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations and organizations for furnishing such information. I agree to immediately notify Style 2000, Inc. if I should be convicted or plead guilty to any crime during my period of employment.

This application is current for one year, at the conclusion of this time, if I have not been contacted by Style 2000 Inc., it will be necessary for me to complete a new application. I understand that this application does not create a contract of employment. I understand that, if hired, I am obligated to comply with any and all current and subsequently adopted Style 2000, Inc. policies. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of wages or salary, be terminated at any time for any reason, with or without cause, notice or prior warning or discipline. I understand that no person is authorized to change any of the terms mentioned in the employment application.

I have read, understand and agree to all the above terms and conditions.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_