

anchorblue

Application for Employment

Anchor Blue, Inc. is an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin, ancestry, lineage or citizenship status, age, disability or handicap, perceived disability or handicap, sex, marital status, veteran status, sexual orientation, arrest or court record, or any other characteristic protected by applicable federal, state, or local laws.

Anchor Blue, Inc. will endeavor to make reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you require such assistance to complete this form, to participate in an interview, or to perform your job, please let us know. If you need an accommodation, please specify those essential functions for which you would need an accommodation in order to perform and the nature of the required accommodation.

Please complete all requested information. Use ink and print.

GENERAL INFORMATION

LOCATION/STORE #: _____

PAY DESIRED: _____

NAME (LAST) (FIRST) (M.I.)

DATE AVAILABLE FOR WORK

STREET ADDRESS

POSITION(S) APPLYING FOR

CITY STATE ZIP

FULL TIME PART TIME SEASONAL

TELEPHONE (HOME) (ALTERNATE)

PLEASE INDICATE THE HOURS YOU ARE AVAILABLE TO WORK DURING BOTH THE DAY AND THE EVENING. IT IS NOT NECESSARY FOR YOU TO IDENTIFY UNAVAILABILITY FOR WORK BECAUSE OF RELIGIOUS OBSERVANCE OR PRACTICE. SUBSEQUENT TO ANY JOB OFFER, WE WILL CONSIDER WHETHER A REASONABLE ACCOMMODATION CAN BE MADE:

E-MAIL ADDRESS

Have you previously been employed by this company?
YES NO If yes, when? _____

How were you referred to us? _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Is there any reason that we should not contact any employer for a reference? ___Yes ___ No
If yes, please identify the employer and explain why not.

NOTE: IF YOUR AVAILABILITY CHANGES, IT IS YOUR RESPONSIBILITY TO NOTIFY YOUR SUPERVISOR

IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE THE REQUIRED WORK PERMITS(S)?

YES NO (You will be required to produce the permits before starting work.)

ARE YOU RELATED TO ANYONE EMPLOYED BY THE COMPANY? YES NO

IF YES, IDENTIFY BY NAME(S), POSITION, AND LOCATION.

PREVIOUS EMPLOYMENT – PLEASE PRINT AND LIST ALL PRIOR EMPLOYERS, IN CHRONOLOGICAL ORDER, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. PLEASE ATTACH ADDITIONAL SHEETS TO THIS APPLICATION IF NECESSARY. COMPLETE ALL REQUESTED INFORMATION IN FULL. DO NOT INCLUDE OVERTIME, BONUS, COMMISSIONS, ETC., IN THE SALARY INFORMATION. PLEASE INCLUDE AS PART OF YOUR EMPLOYMENT HISTORY ANY VERIFIED WORK PERFORMED ON A VOLUNTEER BASIS AND/OR WORK PERFORMED WHILE IN THE MILITARY.

WORK EXPERIENCE

EMPLOYMENT DATES (MO/YR)	NAME AND ADDRESS OF PREVIOUS EMPLOYER	EMPLOYMENT INFORMATION		REASON FOR LEAVING
From:		Job Title:		
To:		Supervisor's Name:	Beginning Salary:	
		Phone Number:	Ending Salary:	
From:		Job Title:		
To:		Supervisor's Name:	Beginning Salary:	
		Phone Number:	Ending Salary:	
From:		Job Title:		
To:		Supervisor's Name:	Beginning Salary:	
		Phone Number:	Ending Salary:	
From:		Job Title:		
To:		Supervisor's Name:	Beginning Salary:	
		Phone Number:	Ending Salary:	

EDUCATION AND TRAINING

SCHOOL	PRINT NAME, CITY, STATE FOR EACH SCHOOL	# OF YEARS ATTENDED	DEGREE	MAJOR/COURSES
HIGH SCHOOL				
COLLEGE				
OTHER				

In the space below, please indicate skills, experience, or qualifications you have that will aid you in the position(s) you are seeking.

ADDITIONAL EMPLOYMENT INQUIRIES

DO YOU HAVE ADEQUATE PUBLIC OR PRIVATE TRANSPORTATION TO GET TO WORK? YES NO

PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, ALL APPLICANTS WHO ARE OFFERED EMPLOYMENT MUST PRODUCE DOCUMENTS ESTABLISHING THEIR IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES. THESE DOCUMENTS MUST BE PRODUCED NO LATER THAN SEVENTY-TWO (72) HOURS AFTER EMPLOYMENT COMMENCES. IN ADDITION, ALL NEW HIRES WILL BE REQUIRED TO VERIFY THEIR EMPLOYMENT AUTHORIZATION UNDER OATH BY SIGNING INS FORM I-9.

HAVE YOU BEEN CONVICTED OF 1) ANY FELONY AND/OR 2) ANY MISDEMEANOR INVOLVING THEFT WITHIN THE PAST SEVEN (7) YEARS THAT HAS NOT BEEN EXPUNGED, SEALED, PARDONED, DISCHARGED, ERADICATED, OR IMPOUNDED?

YES NO IF YES, WHEN?

***California applicants only:** Please exclude all marijuana or marijuana-related convictions that did not occur in the last two years.

A FELONY CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. TO HELP US EVALUATE YOUR APPLICATION, PLEASE DESCRIBE THE NATURE OF THE OFFENSE FOR WHICH YOU WERE CONVICTED, THE CIRCUMSTANCES SURROUNDING THE COMMISSION OF THE OFFENSE, AND YOUR SUBSEQUENT REHABILITATION.

BUSINESS REFERENCES (Please list business or work-related references and their relationship to you. Please exclude relatives.)

	Name	Business Relationship	Telephone Number
1.			
2.			
3.			

APPLICANT'S STATEMENT

I have read and fully understand the questions and requests for information in this application. I certify that all answers and information given by me are true, accurate, and complete. I also understand that the omission and/or misrepresentation of any fact from this application or during any interview for employment (regardless of when it is discovered) will be cause for immediate dismissal. I authorize Anchor Blue, Inc. to contact all of my employment references, and to inquire about, investigate, and obtain copies of any records which relate to me from my former employers and educational institutions I have attended. I hereby release Anchor Blue, Inc. and all affiliated entities, as well as any person or entity that provides Anchor Blue, Inc. with any information about me, from any and all liability whatsoever resulting from any such inquiry, investigation, or communication.

If hired, I agree to abide by all of my employer's rules and regulations. I understand and agree that nothing in this application shall constitute a contract or guarantee of employment for a specific period of time. I also understand that if employed, my employment may be terminated with or without cause and with or without notice at any time, at my employer's or my election. I further understand that no employee, executive, officer, representative or agent of Anchor Blue, Inc., has the authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the foregoing unless the agreement is in writing and is signed by the President or CEO of Anchor Blue, Inc. In addition, I understand that Anchor Blue, Inc. and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits, or other terms and conditions of employment. I understand that any hiring decision or offer of employment is contingent upon the results of reference and background checks, which may include consumer reports, investigative consumer reports, a job related physical examination or drug/alcohol test, and may be completed after my employment begins. Further, I understand that, if hired, I may be subject to additional lawful consumer reports, investigative consumer reports in regard to my eligibility for continued employment. I agree to sign any consent and authorization forms necessary for Anchor Blue, Inc. to conduct its lawful background checks and to and to obtain consumer reports and investigative consumer reports.

I also understand that this application will be kept active for a period of 60 days. Thereafter, I will be required to complete a new application in order to be considered for employment.

Date

Signature of Applicant