

# Home Movie Depot Employment Application Form

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle

Address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

Telephone \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

Position Applied For \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_  
 Can you work nights? \_\_\_\_\_

Employment Desired    Full Time \_\_\_\_\_    Part Time \_\_\_\_\_    Full-or-Part Time \_\_\_\_\_

When can you start? \_\_\_\_\_

Days/hours available to work			
No Pref		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	

Type of School	Name of School	Location (Mailing Address)	Number of Years Completed	Major & Degree
High School				
College				
Bus. Or Trade School				
Professional School				

Have you ever been convicted of a felony?                      No \_\_\_\_\_                      Yes \_\_\_\_\_

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence imposed, and type(s) of rehabilitation. \_\_\_\_\_  
 \_\_\_\_\_

Do you have any obligations that would require you to need time away from work?  
 \_\_\_\_\_  
 \_\_\_\_\_

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Work Experience	Please list your work experience for the past two positions held beginning with your most the recent one.		
Name of Employer		Employment Dates	Pay or Salary
Address		From:	Start:
City, State, Zip		To:	Final:
Phone Number			
Name of Supervisor		Your Last Job Title:	
Reason for Leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company			
Name of Employer		Employment Dates	Pay or Salary
Address		From:	Start:
City, State, Zip		To:	Final:
Phone Number			
Name of Supervisor		Your Last Job Title:	
Reason for Leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company			
May we contact your present employer?    Yes_____                      No_____			

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered the job. I understand that the company will thoroughly investigate my work and personal history and verify all data given on the application, on related papers, and in interviews. I authorize all individuals, schools and firms named within to provide any information requested about me, and I release them from all liability for damage in providing this information. I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature\_\_\_\_\_ Date\_\_\_\_\_