The Woods - Employment Application

The Woods is an equal opportunity employer. We employ individuals without regard to race, color, age, sex, marital status, national origin, sexual preference or any physical or mental disability.



Store	Mgr. Initials				
Name			Date		
Address			Cell Phone		
			_ Hm/Wk Ph	one	
City/St/Zip					
Are you at least 16 years old? (If No & hired, you must obtain a work permit.) No	to work in the U.S.?	Yes No			
Education	School Name / City / State	Majo	or / Degree	Yr Graduated	
High School					
College / University					
Other Education or Training					
Employment Interests					
Position applying for:	Sales Associate	Stock	Office	Hours available to work on a weekly basis	
Wages Expected	Location desi	ired		0-1515-3030	
Date available if offered emplo	oyment				
Indicate	the time you are available to	o work for thes	e day and evening	shifts:	
Sun	Mon Tue	Wed	Thu	Fri Sat	
Morning					
Afternoon					
Evening					
Personal References (no	t former employers or relatives)				
Name		Name			
Name How acquainted?			How acquainted?		
How acquainted? Phone			Phone		
Email		Phone			
Name How acquainted?			Name How acquainted?		
Phone					
Email					

Employment History (List last 3 consecutive employers, listing most recent first.) **Employment Dates** Name of Employer (Month/Yr) Address _____ From _____ Position Title _____ per ____ per ____ To _____ May we contact this employer? Supervisor's Name/Title/Phone YES NO Reason for leaving **Employment Dates** Name of Employer ____ (Month/Yr) Address _____ From _____ Position Title ______ Salary ____ per ____ May we contact this employer? Supervisor's Name/Title/Phone _____ Reason for leaving _____ YES NO **Employment Dates** Name of Employer (Month/Yr) From _____ Position Title _____ Salary ____ per ____ May we contact this employer? Supervisor's Name/Title/Phone ______ Reason for leaving ____YES NO APPLICANT: PLEASE READ CAREFULLY: It is understood that providing any false or misleading information submitted on this application or otherwise, including any report of medical history which I sign, will be sufficient cause for rejection of this application or termination of employment without notice. Further, I hereby authorize any person(s) or concern, including former employers, to furnish any and all information including employment record and job performance, or any other pertinent job-related information in their possession without any liability or exposure to damages whatsoever on account of having furnished such information. I further understand that if employment is offered to me by The Woods it will be on an at-will basis and may be terminated at any time by either party with or without cause. I understand this status can only be changed by the President of the company in writing. I hereby certify the statements and information made in this application are, to the best of my knowledge, completely true and correct. Applicant's Signature _____ Date ____ FOR SEASONAL HIRES ONLY: I understand that I have been hired by The Woods for a limited period of time only. Estimated last day of employment (by supervisor) Applicant's Signature _____ Date ____ FOR EMPLOYER USE ONLY: Mgr. Initials _____ Interview Date _____ I have reviewed the job description for the position for which I am being interviewed. IF I am considered for this position, I hereby certify that I CAN safely perform all duties listed given the physical and mental requirements.

Date

Interviewee's Signature