



GENERAL INFORMATION

LOCATION / STORE #		POSITION DESIRED																		
TODAY'S DATE		MINIMUM SALARY DESIRED		DATE AVAILABLE FOR WORK																
NAME (LAST FIRST MIDDLE)		FULL TIME <input type="checkbox"/> 30-40 HRS./WEEK PART TIME <input type="checkbox"/> 0-20 HRS./WEEK SEASONAL <input type="checkbox"/> WINTER SUMMER																		
SOCIAL SECURITY # :		AGE: ARE YOU AT LEAST 18 YEARS OLD ? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF BIRTH : / /																		
PRESENT ADDRESS		PLEASE INDICATE THE HOURS YOU ARE AVAILABLE TO WORK DURING BOTH DAY AND EVENING (I.E., 2-4 P.M. ,6-10 P.M.)																		
CITY STATE ZIP		<table border="1"> <thead> <tr> <th>SUN</th> <th>MON</th> <th>TUE</th> <th>WED</th> <th>THU</th> <th>FRI</th> <th>SAT</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					SUN	MON	TUE	WED	THU	FRI	SAT							
SUN	MON	TUE	WED	THU	FRI	SAT														
TELEPHONE-HOME		TELEPHONE-WORK/MOBILE																		
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ARE YOU A PERMANENT RESIDENT? <input type="checkbox"/> YES, ALIEN REGISTRATION #: <input type="checkbox"/> NO, VISA TYPE: EXP:		DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY CRAFTS WAY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IDENTIFY BY NAME, POSITION AND LOCATION:																		

EXPERIENCE

LIST YOUR PREVIOUS EXPERIENCE BEGINNING WITH YOUR MOST RECENT EMPLOYMENT

EMPLOYER			STARTING POSITION		STARTING SALARY	
ADDRESS			LAST POSITION		FINAL SALARY	
PHONE	SUPERVISOR	NAME/ TITLE	DUTIES			
REASON FOR LEAVING			START MONTH		YEAR	
			END MONTH		YEAR	

EMPLOYER			STARTING POSITION		STARTING SALARY	
ADDRESS			LAST POSITION		FINAL SALARY	
PHONE	SUPERVISOR	NAME/ TITLE	DUTIES			
REASON FOR LEAVING			START MONTH		YEAR	
			END MONTH		YEAR	

MAY WE CONTACT YOUR CURRENT EMPLOYER?

REFERENCES

REFERENCES (NOT RELATED TO YOU)		REFERENCES (NOT RELATED TO YOU)	
ADDRESS		ADDRESS	
PHONE	JOB TITLE	PHONE	JOB TILTE
HOW ARE YOU ACQUAINTED, AND FOR HOW LONG ?		HOW ARE YOU ACQUAINTED, AND FOR HOW LONG ?	

EDUCATION AND TRAINING

LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS	DEGREE?	TYPE OF COURSE/MAJOR
HIGH SCHOOL				
TECHNICAL				
COLLEGE				
GRADUATE				
TRAINING				

<p>FOREIGN LANGUAGES</p> <p>IN THE SPACE BELOW, PLEASE INDICATE THE JOBS IN WHICH YOU'VE HAD EXPERIENCE AND EQUIPMENT YOU CAN OPERATE. INDICATE TIME SPENT IN EACH (YEARS, MONTHS, WEEKS) :</p> <p>RETAIL SALES : _____</p> <p>CASH REGISTER : _____</p> <p>GENERAL OFFICE: _____</p> <p><input type="checkbox"/> TYPING (WPM) <input type="checkbox"/> WORD PROCESSOR : WPM <input type="checkbox"/> 10 KEY CALCULATOR <input type="checkbox"/> BY TOUCH <input type="checkbox"/> BY SIGHT</p> <p>PC SKILLS (LIST SOFTWARE) :</p> <p>PLEASE LIST YOUR INTERESTS, CAREER GOALS, AND EXPECTATIONS :</p>	<p style="text-align: center;">SPOKEN FLUENTLY?</p> <p>SHIPPING AND RECEIVING : _____</p> <p>TELEMARKETING : _____</p> <p>OTHER : _____</p>
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APPLICANT'S STATEMENT

IF I AM EMPLOYED, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF CRAFTS WAY. I UNDERSTAND THAT MY EMPLOYMENT IS AT WILL. THIS MEANS THAT I DO NOT HAVE A CONTRACT OF EMPLOYMENT FOR ANY PARTICULAR DURATION, AND IT DOES NOT LIMIT THE GROUNDS FOR MY TERMINATION IN ANY WAY. I UNDERSTAND THAT PERSONNEL POLICIES, PROGRAMS AND PROCEDURES EXIST AND MAY BE UPDATED PERIODICALLY. THE ONLY TIME MY AT WILL STATUS CAN BE CHANGED, IS IF I WERE TO ENTER INTO AN EXPRESS CONTRACT OF EMPLOYMENT SIGNED BY AN OFFICER OF CRAFTS WAY. THE ABOVE LANGUAGE CONTAINS OUR ENTIRE AGREEMENT ABOUT MY AT WILL STATUS AND THERE ARE NO ORAL OR SIDE AGREEMENTS OF ANY KIND.

ALL OF THE INFORMATION I HAVE SUPPLIED IN THIS APPLICATION IS A TRUE AND COMPLETE STATEMENT OF THE FACTS. IF EMPLOYED, ANY FALSE STATEMENT OR OMISSION COULD RESULT IN IMMEDIATE DISMISSAL. I ALSO AUTHORIZE YOU TO CONTACT ALL OF MY PREVIOUS EMPLOYERS AND REFERENCES FOR FULL INFORMATION REGARDING MY EMPLOYMENT HISTORY.

SIGNATURE _____ DATE _____