

APPLICATION FOR EMPLOYMENT

MAX FINE FURNITURE AND APPLIANCES, INC.

An Equal Opportunity Employer

Have you ever applied here before? Yes___ No___ If Yes, when?_____

Were you ever employed here? Yes___ No___ If Yes, When?_____

Have you ever been arrested for any alleged law violation (except for minor traffic violation)? Yes___ No___

(If Yes, for each arrest state the nature of the offense, date and whether the arrest resulted in a conviction)

Are you now, or do you expect to be engaged in any other business or employment? Yes___ No___

Last Name First Name Middle Name / Phone Number

Present Street Address City / State / Zip Code

Are you 18 years of age or older? Yes___ No___
(If you are hired, you may be required to submit proof of age)

Social Security Number (optional):_____

If hired, can you furnish proof you are eligible to work in the U.S? Yes___ No___

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, expect for last page of application. In reading and answering the following, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for_____ Today's Date_____

Are you seeking Full-Time___ Part-Time___ Temporary___ Employment?

When can you start work?_____

EDUCATION

List Name and Address of Schools	Number of Years Completed	Diploma/ Degree/ Certificates
High School or GED: _____ _____		
College or University: _____ _____		
Subjects Studied: _____ _____		
Vocational or Technical: _____ _____		
Subjects Studied: _____ _____		

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying for?

What machines or equipment can you operate that are related to the job for which you are applying for?

How many days of work have you missed during the past year?
(Exclude absences due to disability or those covered by FMLA) _____

For Driving Jobs Only: Do you have a valid Texas Drivers License? Yes ___ No ___

Driver's License Number _____ Class of License _____

Have you had your drivers license suspended or revoked in the last three years? Yes ___ No ___

If Yes, give details _____

List professional, trade, business or civic activities and offices held.

(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

WORK HISTORY

List names of employers in consecutive order with the present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Name of Employer: _____

Address: _____

City, State, Zip code: _____

Telephone: _____

Title/Position: _____

Duties _____

Supervisor _____

Employed From (mo/yr) _____ / To (mo/yr) _____

Pay Start \$ _____ Final \$ _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____

City, State, Zip code: _____

Telephone: _____

Title/Position: _____

Duties _____

Supervisor _____

Employed From (mo/yr) _____ / To (mo/yr) _____

Pay Start \$ _____ Final \$ _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____

City, State, Zip code: _____

Telephone: _____

Title/Position: _____

Duties _____

Supervisor _____

Employed From (mo/yr) _____ / To (mo/yr) _____

Pay Start \$ _____ Final \$ _____

Reason for Leaving: _____

REFERENCES

Have you worked or attended school under any other names? Yes____ No____

If Yes, give name: _____

Are you presently employed? Yes____ No____

If Yes, whom do you suggest we contact? _____

Have you ever been fired from a Job or asked to resign? Yes____ No____

If Yes, please explain: _____

Give Three (3) References, not relatives or former employers:

Name

Address

Phone

Name	Address	Phone

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all in []
disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. []
consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigat[]
employer, past emp[]
such persons and organizations from any legal liability in making such statements.

I understand that if I am extended any offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consen[]
am applying.

I understand I m[]
as a condition of employment.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I understand that Max Fine Furniture and Appliances, Inc., utilizes and Alternative Disputed Resolution (ADR) policy that requires Mandatory Arbitration of employment disputes. I agree to be bound to the policy of mandatory arbitration under the Federal Arbitration Act and hereby waive any right to a jury or bench trial in conformity with Max Fine Furniture and Appliances, Inc.'s ADR Policy in order to be considered for any/or offered employment.

I have read, understand, and by my signature consent to the statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization representative for details.