

ABDALLAH CANDIES
 6075 147TH ST W
 APPLE VALLEY, MN 55124
 (p) 952.890.4770 (f) 952.890.3664
 employment@abdallahcandies.com

APPLICATION FOR EMPLOYMENT

APPROVED BY	DATE
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LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF APPLICATION
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STREET ADDRESS	PHONE NUMBER
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CITY	STATE	ZIP CODE	EMAIL
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POSITION/DEPT. APPLIED FOR	REFERRED BY
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GENERAL

CHECK BOX(ES) FOR THE TYPE OF EMPLOYMENT DESIRED:		DATE AVAILABLE TO START WORK
<input type="checkbox"/> PERMANENT FULL-TIME <input type="checkbox"/> PERMANENT PART-TIME <input type="checkbox"/> SEASONAL FULL or PART-TIME		
SCHEDULE YOU ARE INTERESTED IN:	HOW DID YOU HEAR ABOUT THE POSITION?	RATE OF PAY EXPECTED:
a. 1 st. Shift <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> STORE <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> WEB	\$ _____ PER _____
b. 2 nd Shift <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER _____	

LIST PROFICIENCY IN COMPUTER SOFTWARE. PLEASE MARK THE APPROPRIATE CIRCLE		
SOFTWARE NAME _____	<input type="radio"/> ADVANCED <input type="radio"/> INTERMEDIATE <input type="radio"/> BEGINNER	
SOFTWARE NAME _____	<input type="radio"/> ADVANCED <input type="radio"/> INTERMEDIATE <input type="radio"/> BEGINNER	
SOFTWARE NAME _____	<input type="radio"/> ADVANCED <input type="radio"/> INTERMEDIATE <input type="radio"/> BEGINNER	
WHAT EXPERIENCE, SKILLS OR QUALIFICATIONS DO YOU FEEL QUALIFY YOU FOR WORK WITH ABDALLAH CANDIES?		

EDUCATION

SELECT THE HIGHEST GRADE OR NUMBER OF YEARS COMPLETED	GRADE SCHOOL <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	HIGH SCHOOL <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	TRADE SCHOOL <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	COLLEGE <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08
NAME AND LOCATION OF SCHOOLS ATTENDED			GRADUATE?	COURSE OF STUDY OR DEGREE EARNED
HIGH SCHOOL(S):			YES <input type="radio"/> NO <input type="radio"/>	
COLLEGE(S), UNIVERSITY(S), BUSINESS SCHOOL, TRADE SCHOOL, OR OTHER:			YES <input type="radio"/> NO <input type="radio"/>	
ONLINE COURSE OR EXTENSION COURSE COMPLETED, CERTIFICATIONS OR DIPLOMAS EARNED:				
EXTRA CURRICULAR ACTIVITIES, CLUBS, ORGANIZATIONS, SPORTS WHILE IN SCHOOL, RELEVANT TRAINING:				

MILITARY

BRANCH OF SERVICE	HIGHEST RANK HELD	SERVICE RELATED SKILLS AND EXPERIENCE

PERSONAL

ARE YOU AT LEAST 18 YEARS OF AGE? YES <input type="radio"/> NO <input type="radio"/>	HAVE YOU WORKED AT ABDALLAH CANDIES BEFORE? <input type="radio"/> YES (when? _____) <input type="radio"/> NO	ARE YOU EITHER A U.S. CITIZEN OR LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES <input type="radio"/> NO <input type="radio"/>
HAVE YOU EVER BEEN DISCHARGED FROM A JOB? YES <input type="radio"/> NO <input type="radio"/> IF YES, PLEASE EXPLAIN - GIVE DATE		

NOTE: State reason for and length of gaps between present application date and last employer.

1	EMPLOYER'S COMPANY NAME	ADDRESS, CITY, STATE, ZIP CODE	SUPERVISOR	PHONE NO	MO & YR STARTING
	JOB TITLE	REASON FOR LEAVING			MO & YR LEAVING
	DESCRIBE JOB DUTIES			average hours / week	OK to contact? YES <input type="radio"/> NO <input type="radio"/>

NOTE: State reason for and length of gaps between employment

2	EMPLOYER'S COMPANY NAME	ADDRESS, CITY, STATE, ZIP CODE	SUPERVISOR	PHONE NO	MO & YR STARTING
	JOB TITLE	REASON FOR LEAVING			MO & YR LEAVING
	DESCRIBE JOB DUTIES			average hours / week	OK to contact? YES <input type="radio"/> NO <input type="radio"/>

NOTE: State reason for and length of gaps between employment

3	EMPLOYER'S COMPANY NAME	ADDRESS, CITY, STATE, ZIP CODE	SUPERVISOR	PHONE NO	MO & YR STARTING
	JOB TITLE	REASON FOR LEAVING			MO & YR LEAVING
	DESCRIBE JOB DUTIES			average hours / week	OK to contact? YES <input type="radio"/> NO <input type="radio"/>

NOTE: State reason for and length of gaps between employment

4	EMPLOYER'S COMPANY NAME	ADDRESS, CITY, STATE, ZIP CODE	SUPERVISOR	PHONE NO	MO & YR STARTING
	JOB TITLE	REASON FOR LEAVING			MO & YR LEAVING
	DESCRIBE JOB DUTIES			average hours / week	OK to contact? YES <input type="radio"/> NO <input type="radio"/>

(DO NOT INCLUDE FORMER EMPLOYERS OR RELATIVES)

NAME AND PLACE OF BUSINESS	ADDRESS	TELEPHONE NO

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate. all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing by an authorized Company representative.

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, if required, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that acceptance of this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

SIGNATURE _____

DATE _____