



# FURNITURE AND THINGS INC.

## An Equal Opportunity Employer

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical problem or handicap.

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Phone
	City, State, Zip			Cell Phone/Business Phone
	Have you ever applied for employment with us?    Yes    No			Social Security Number
	Have you ever been employed with Furniture and Things Inc.?    Yes    No			
	If Yes, Month and Year _____ Location _____			
	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?			
	Yes      No <b>(Proof of citizenship or immigration status is required upon employment)</b>			
	Have you ever been involuntarily discharged or fired?                      Yes      No			
	If yes, please explain: _____			
Do you have any condition, illness, either temporary or permanent, which would prevent you from safely and successfully performing the jobs for which you are applying?                      Yes      No      List necessary accommodations _____				

E M P L O Y M E N T	<b>Position Desired</b>		<b>Full Time</b> <input type="checkbox"/>		<b>Part Time</b> <input type="checkbox"/>		<b>Desired Compensation \$</b>			<b>Hr/Wkly</b>	
	Indicate desired work schedule. Specify days available if part time.				Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Will you work overtime if asked?    Yes      No										
	Date Available for work: _____						Are you acquainted with anyone who works for Furniture & Things Inc.				
	How were you introduced to Furniture and Things Inc?						<input type="checkbox"/> Yes <input type="checkbox"/> No				

# ***FURNITURE AND THINGS INC.***

<b>R E F E R E N C E S</b>	Give name, address, and telephone number of three references who are not relatives or former employers, and whom you have know for three years or more.		
	<b>Name</b>	<b>Occupation</b>	<b>Telephone</b>

<b>E M E R G E N C Y</b>	<b>IN CASE OF EMERGENCY, PLEASE NOTIFY:</b>			
	<b>Name</b>	<b>Address</b>	<b>City, State, Zip</b>	<b>Telephone</b>

<h2 style="margin: 0;">EMPLOYMENT</h2>	Please give accurate, complete Full-time and Part-time employment record. Start with present or most recent employer.
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<b>1</b>	Company Name	Telephone
	Address	Employed (State Month and Year) From:                      To:
	State your job title and describe your work	Hourly Pay Start:                      Last:
	Name of Supervisor	Reason for leaving:

<b>2</b>	Company Name	Telephone
	Address	Employed (State Month and Year) From:                      To:
	State your job title and describe your work	Hourly Pay Start:                      Last:
	Name of Supervisor	Reason for leaving:

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## EMPLOYMENT

Please give accurate, complete Full-time and Part-time employment record. Start with present or most recent employer.

3	Company Name	Telephone
	Address	Employed (State Month and Year) From: _____ To: _____
	State your job title and describe your work	Hourly Pay Start: _____ Last: _____
	Name of Supervisor	Reason for leaving:
4	Company Name	Telephone
	Address	Employed (State Month and Year) From: _____ To: _____
	State your job title and describe your work	Hourly Pay Start: _____ Last: _____
	Name of Supervisor	Reason for leaving:

E D U C A T I O N	High School	Name of school or university	City	Course Taken	Grade Ave	Circle Year			
						9	10	11	12
	Tech or Trade	Name of school or university	City	Course Taken	Grade Ave	Circle Year Completed			
						1	2	3	4
College	Name of school or university	City	Course Taken	Grade Ave	Circle Year Completed				
					1	2	3	4	
College	Name of school or university	City	Course Taken	Grade Ave	Circle Year Completed				
					1	2	3	4	

### MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

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<b>S K I L L S</b>	<b>For Selling Applicants:</b> What type of merchandise have you sold? _____	<b>For Office Applicants:</b> Typing Speed: _____ What types of software are familiar to you? _____
	<b>For Warehouse/Delivery Applicants:</b> Have you driven delivery trucks before? If so, what kinds? _____	
	<b>Summarize Special Skills and Indicate Business Machines or Equipment you operate:</b> _____	

<b>A G R E E M E N T</b>	I authorize my previous employers, schools or persons named as references to give any information regarding my employment or educational record. I agree that Furniture & Things, Inc. and my previous employer shall not be held liable in any respect if an employment offer is not tendered; is withdrawn or my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. In the event of my employment to a position at Furniture & Things Inc. I will comply with all rules and regulations as set forth in the Company's policy manual or other communications distributed to all employees.
	I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.
	I hereby acknowledge that I have read the above statement and understand the same.  Signature _____ Date _____

**FOR INTERVIEWER'S USE ON-**

INTERVIEWER	DATE	POSITION INTERVIEWED FOR:

**REFERENCE CHECK INFORMATION**

	COMPANY NAME	CONTACT	INFORMATION VERIFIED	
			YES	NO
1			YES	NO
2			YES	NO