

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

Personal Information

NAME (LAST NAME, FIRST NAME MIDDLE INITIAL):	REFERRED BY:
PHONE NO.:	E-MAIL ADDRESS:
ARE YOU LEGALLY AUTHORIZED FOR EMPLOYMENT IN THE U.S.?: YES NO	
IN THE PAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? <i>If yes, please give a brief explanation. NOTE: A conviction will not automatically disqualify you from employment.</i> NO YES (please explain)	

Employment Desired

POSITION(S):	DATE YOU CAN START:	
ARE YOU CURRENTLY EMPLOYED? YES NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO	
EVER APPLIED TO THIS COMPANY BEFORE? YES NO	WHERE?	WHEN?

Preferred Location(s) – (Place an “X” beside the cities in which you are willing to work)

<input type="checkbox"/> CHARLOTTE, NC	<input type="checkbox"/> HUNTERSVILLE, NC	<input type="checkbox"/> MONROE, NC
<input type="checkbox"/> DENVER, NC	<input type="checkbox"/> MATTHEWS, NC	<input type="checkbox"/> MOORESVILLE, NC
<input type="checkbox"/> FORT MILL, SC	<input type="checkbox"/> MINT HILL, NC	<input type="checkbox"/> ROCK HILL, SC
<input type="checkbox"/> GREENVILLE, SC		

Availability – (If you are available anytime write “open” for start time and “close” for finish time)

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START							
FINISH							

Education History

	NAME OF SCHOOL CITY, STATE	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS SCHOOL			

References Give below the names of three persons not related to you, whom you have known at least one year.

NAME (FIRST LAST)	E-MAIL ADDRESS	PHONE	YEARS KNOWN

Application for Employment

Continued

Former Employers - (List below three (3) employers, starting with last one first)

FROM / TO: /	JOB TITLE:	EMPLOYER:
PAY \$ PER	REASON FOR LEAVING	EMPLOYER'S ADDRESS:
SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S PHONE #:
FROM / TO: /	JOB TITLE:	EMPLOYER:
PAY \$ PER	REASON FOR LEAVING	EMPLOYER'S ADDRESS:
SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S PHONE #:
FROM / TO: /	JOB TITLE:	EMPLOYER:
PAY \$ PER	REASON FOR LEAVING	EMPLOYER'S ADDRESS:
SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S PHONE #:

Authorization -Please read the following information carefully before signing.

I understand that all of the information written in this application for employment and any supporting documents attached herein are subject to verification and give my consent for that purpose.

I also agree that you may contact references, educational institutions, and prior employers listed on this application prior to any final offer of employment and if hired, any time during my employment. I certify that the answers given by me in this employment application are true, correct and complete. I agree that Showmars, Inc. shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates Showmars, Inc. to employ me.

In the event of employment, I will comply with all Showmars, Inc. policies, rules and regulations as established from time to time. Since Showmars, Inc. does not offer contracts of employment (unless signed by the Owner), I understand that nothing contained herein is intended to create a contract between Showmars, Inc. and me for employment. I understand that if hired, I have the right to terminate my employment at any time and likewise, Showmars, Inc. has the same right. I hereby understand and acknowledge that any employment relationship with Showmars, Inc. is of an "At-Will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time, with or without notice, and with or without cause so long as there is no violation of the law.

Showmars, Inc. provides equal employment opportunity to all qualified individuals without regard to their race, color, religion, national origin, sex, age, disability, sexual orientation, veteran status or any other characteristic protected by law, in all employment actions. Showmars, Inc. also prohibits discrimination against individuals with disabilities and will reasonably accommodate applicants with a disability, upon request, and will also ensure reasonable accommodation for employees with a disability as defined by the Americans with Disabilities Act Amendment Act.

This application is valid for sixty days from the application date.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWER:	LOCATION:	POSITION	SALARY WAGES
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