

SCH, Inc. dba Santa Claus House

Application for Employment

Rev. 040119



PERSONAL INFORMATION

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, color, sex, religion, national origin, or other protected classifications.

LAST NAME		FIRST NAME		MIDDLE					
ADDRESS				CITY		STATE		ZIP	
HOME TELEPHONE			BUSINESS TELEPHONE			MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POSITION APPLYING FOR		WAGE / SALARY DESIRED		DATE AVAILABLE		ARE YOU INTERESTED IN (CHECK ALL THAT APPLY) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> YEAR-ROUND			
HAVE YOU EVER WORKED HERE BEFORE? IF YES, WHEN?				ARE YOU WILLING TO WORK OVERTIME IF REQUIRED?					
IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE STATE YOUR DATE OF BIRTH				HOW DID YOU HEAR ABOUT THIS JOB? <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> WALK-IN <input type="checkbox"/> EMPLOYEE REFERRAL (NAME _____)					

DAYS AND HOURS AVAILABLE TO WORK

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

EDUCATION

	NAME	LOCATION (CITY, STATE)	DEGREE / AREA OF STUDY	YEARS ATTENDED	GRADUATED?	
					YES	NO
HIGH SCHOOL						
COLLEGE						
GRADUATE SCHOOL						
OTHER						

EMPLOYMENT HISTORY

DATES		NAME & ADDRESS OF EMPLOYER		POSITION & SUPERVISOR		WAGES OR SALARY		KEY RESPONSIBILITIES		REASON FOR LEAVING	
FROM	NAME			YOUR JOB TITLE		STARTING					
MO. / YR.	ADDRESS										
TO	CITY STATE			SUPERVISOR		FINAL					
MO. / YR.	PHONE										
FROM	NAME			YOUR JOB TITLE		STARTING					
MO. / YR.	ADDRESS										
TO	CITY STATE			SUPERVISOR		FINAL					
MO. / YR.	PHONE										
FROM	NAME			YOUR JOB TITLE		STARTING					
MO. / YR.	ADDRESS										
TO	CITY STATE			SUPERVISOR		FINAL					
MO. / YR.	PHONE										

U.S. MILITARY SERVICE

BRANCH OF SERVICE	TECHNICAL SPECIALIZATION	RANK ATTAINED

LAST NAME	FIRST NAME	MIDDLE	
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LEGAL

IDENTITY AND EMPLOYMENT ELIGIBILITY OF ALL NEW HIRES WILL BE VERIFIED AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.

DO YOU HAVE A LEGAL RIGHT & NECESSARY DOCUMENTS TO WORK IN THE U.S.? YES NO

WERE YOU EVER DISCHARGED BY ANY COMPANY? YES NO IF YES, GIVE NAME OF COMPANY(IES)

REASON(S) FOR DISCHARGE(S)

HAVE YOU EVER BEEN CHARGED AND/OR CONVICTED FOR A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?
 NO YES (Does not automatically disqualify you from employment eligibility.)

IF YES, PLEASE EXPLAIN OFFENSE AND FINAL DISPOSITION

REFERENCES

PLEASE GIVE THE NAMES OF AT LEAST TWO PERSONS WHO HAVE KNOWN YOU FOR TWO YEARS OR MORE, AND WHOM WE MAY CONTACT. (DO NOT INCLUDE RELATIVES)

NAME	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

SKILLS / EXPERIENCE

PLEASE INDICATE THE TASKS / POSITIONS IN WHICH YOU HAVE TRAINING AND EXPERIENCE.

Admin. Assistant
 General Office
 MS Excel
 Stocking
 Foreign Language Fluency
 Customer Relations
 Mailroom
 MS Access
 10-key by sight

 Data Entry
 Merchandising
 Phone Skills
 10-key by touch

 Driver
 PC Skills
 Point-of-sale systems
 Typing _____ wpm
 General Maintenance
 MS Word
 Retail Floor Sales
 Warehouse / General Labor

PLEASE DESCRIBE ALL OTHER SKILLS OR EXPERIENCE WHICH IS RELEVANT TO THE POSITION APPLIED FOR.

ADDITIONAL COMMENTS

PLEASE READ THIS SECTION CAREFULLY

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record, and/or criminal activity. I authorize anyone possessing this information to furnish it to SCH, Inc. and/or a third party upon request, and release anyone so authorized, SCH, Inc., and any third party from all liability and damages whatsoever in furnishing, obtaining, or using said information. I also understand that I may be required to undergo screenings for substance (drug/alcohol) abuse.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I also understand that I am required to abide by all rules and regulations of SCH, Inc.

I understand and agree that if employed, employment will be "at will." That is, either I or SCH, Inc. may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by SCH, Inc. does not imply employment and that this application and/or any other SCH, Inc. documents are not contracts of employment.

APPLICANT'S SIGNATURE	DATE
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