

Carol School Supply

179-28 Union Turnpike
Flushing, NY 11366

AN EQUAL OPPORTUNITY EMPLOYER

Please complete all requested information. Use ink and print.

GENERAL INFORMATION			LOCATION/STORE #:	
TODAY'S DATE	DATE AVAILABLE FOR WORK		POSITION DESIRED:	SALARY DESIRED:
NAME: LAST	FIRST	MIDDLE	FULLTIME _____ 35+ HRS PER WK	PARTTIME _____ LESS THAN 35 HRS
SOCIAL SECURITY NUMBER			AGE (IF YOU ARE UNDER 18 YOU MAY HAVE TO PROVIDE A WORK PERMIT BEFORE STARTING WORK)	
STREET ADDRESS			ARE YOU AT LEAST 16 YRS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY	STATE	ZIP	ARE YOU AT LEAST 16 YRS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TELEPHONE (HOME)	TELEPHONE (WORK)		PLEASE INDICATE THE HOURS (BOTH DAY AND EVENING) YOU ARE AVAILABLE TO WORK:	
IF YOU HAVE WORKED FOR OUR COMPANY BEFORE, STATE WHERE, WHEN, FINAL POSITION AND REASON FOR LEAVING.			SUN _____	MON _____
			TUES _____	WED _____
			THURS _____	FRI _____
			SAT _____	
HAVE YOU EVER APPLIED TO OUR COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			NOTE: ALTHOUGH EVERY EFFORT TO ACCOMMODATE INDIVIDUAL PREFERENCES WILL BE MADE, BUSINESS NEEDS MAY REQUIRE ANY OR ALL OF THE FOLLOWING: EXTENSION OF HOURS, A ROTATING WORK SCHEDULE, SATURDAY AND/OR SUNDAY HOURS, OVERTIME.	
IF YES, WHERE:			DO YOU HAVE ANY RELATIVES EMPLOYED BY OUR COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IDENTIFY BY NAME AND LOCATION.	
HAVE YOU EVER BEEN CONVICTED OF A CRIME BY A CIVILIAN OR MILITARY COURT <input type="checkbox"/> YES <input type="checkbox"/> NO				

WORK EXPERIENCE (START WITH CURRENT EMPLOYER AND CONTINUE WITH FORMER EMPLOYERS)									
EMPLOYER #1					EMPLOYER #2				
ADDRESS	STREET	CITY	STATE	ZIP	ADDRESS	STREET	CITY	STATE	
PHONE	SUPERVISOR		TITLE		PHONE	SUPERVISOR		TITLE	
POSITION	FINAL SALARY		REASON FOR LEAVING		POSITION	FINAL SALARY		REASON FOR LEAVING	
DATES OF EMPLOYMENT		FROM:	TO:		DATES OF EMPLOYMENT		FROM:	TO:	
EMPLOYER #3					EMPLOYER #2				
ADDRESS	STREET	CITY	STATE	ZIP	ADDRESS	STREET	CITY	STATE	
PHONE	SUPERVISOR		TITLE		PHONE	SUPERVISOR		TITLE	
POSITION	FINAL SALARY		REASON FOR LEAVING		POSITION	FINAL SALARY		REASON FOR LEAVING	
DATES OF EMPLOYMENT		FROM:	TO:		DATES OF EMPLOYMENT		FROM:	TO:	

REFERENCES—LIST PERSONS FAMILIAR WITH YOUR WORK ABILITY (EXCLUDE RELATIVES)			
NAME	PHONE NUMBER	HOW ACQUAINTED	HOW LONG
NAME	PHONE NUMBER	HOW ACQUAINTED	HOW LONG
NAME	PHONE NUMBER	HOW ACQUAINTED	HOW LONG
NAME	PHONE NUMBER	HOW ACQUAINTED	HOW LONG

EMERGENCY CONTACT	
IN CASE OF EMERGENCY CONTACT (NAME)	(PHONE NUMBER)

PLEASE COMPLETE REMAINDER OF APPLICATION ON REVERSE SIDE.

DO NOT WRITE BELOW THIS LINE.

(HIRING PERSONNEL: COMPLETE THIS SECTION ONLY AFTER AN OFFER OF EMPLOYMENT IS MADE.)					
JOB TITLE	T (TEMP) OR R (REG.)	FT OR PT	STORE #	MALE OR FEMALE	START DATE
DATE OF BIRTH	HOURLY OR COEFF MGR. OR SALARIED (PAY TYPE: CIRCLE ONE)	RATE: (ONLY IF HOURLY): _____ PER HOUR		NEXT REVIEW DATE	
RACE (CIRCLE ONE) WHITE • BLACK • HISPANIC • ASIAN/PACIFIC ISLAND • AMERICAN INDIAN			SIGNATURE OF HIRING INDIVIDUAL:		YES OR NO REQUEST BACKGROUND, CIRCLE ONE

