



Hardware & Garden Made Easy.

# Employment Application

Corporate Address: 3527 N. Lexington Ave., Arden Hills, MN 55126 | 651.484.3327 | Fax 651.482.1527

Date: \_\_\_\_\_

### Applicant's Name

Address	City	State	Zip
Phone #1 (        )	Phone #2 (        )	Phone #3 (        )	

### Position Applying For:

Full Time (    ) Part Time (    ) Days/Hours you are available to work: (Indicate AM or PM) Sat (    -    ) Sun (    -    )

Mon (    -    ) Tue (    -    ) Wed (    -    ) Thurs (    -    ) Fri (    -    )

Are you 16 years of age or older? NO (    ) YES (    ) Desired Wage: \_\_\_\_\_

Referred By \_\_\_\_\_ Telephone # (        ) \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any previous employers? NO (    ) YES (    )

If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Education

School Name	Location
Years Attended	Degree Received
School Name	Location
Years Attended	Degree Received
School Name	Location
Years Attended	Degree Received

### References (Give names of persons who know you but are not related to you)

Name:	Business (    ) Personal (    )
Phone #1 (        ) Phone #2 (        )	Years Known: _____
Name:	Business (    ) Personal (    )
Phone #1 (        ) Phone #2 (        )	Years Known: _____
Name:	Business (    ) Personal (    )
Phone #1 (        ) Phone #2 (        )	Years Known: _____

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**Employment** (List most recent employer first. All blanks must be filled in for each employer listed.)

Employer:	Dates Worked:	
Address:	City:	State:
Supervisor's Name:	Phone ( )	
Job Title:	Starting Wage:	Ending Wage:
Duties Performed:		

Employer:	Dates Worked:	
Address:	City:	State:
Supervisor's Name:	Phone ( )	
Job Title:	Starting Wage:	Ending Wage:
Duties Performed:		

Employer:	Dates Worked:	
Address:	City:	State:
Supervisor's Name:	Phone ( )	
Job Title:	Starting Wage:	Ending Wage:
Duties Performed:		

Employer:	Dates Worked:	
Address:	City:	State:
Supervisor's Name:	Phone ( )	
Job Title:	Starting Wage:	Ending Wage:
Duties Performed:		

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand and agree that my employment is at will and may be terminated at any time without any previous notice. Employment is contingent on the findings from criminal background check and employment verification.

Signature \_\_\_\_\_ Date \_\_\_\_\_