

APPLICATION FOR EMPLOYMENT

Wild Wild West Tobacco is an Equal Opportunity Employer. If applicable to Company, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law.

Last Name	First Name	Middle Initial	Date of Birth
Street Address	City/State	Zip Code	Phone Number
If hired, can you provide evidence of legal eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.	
Position Desired:	Wage/Salary Desired:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	

Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged, or do you have such a case pending?	If yes, when?	If yes, where?
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Date you can begin work?	Are you under the age of 18?
Do you have dependable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are under 18 years of age, you will be required to submit a birth certificate or work certificate as required by Michigan or Federal Law.
Are you presently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so where?	

Name of High School Attended?	City & State	Graduate?	GED?	
Name of College or Technical School	City & State	Graduate?	GED?	Major?
Name of College or Technical School	City & State	Graduate?	GED?	Major?
Are you presently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes give name and address of school. As well as expected graduation date.			

Please list any job related skills or accomplishments:
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- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:	Do you have any special requests or needs for a work schedule?						

- Give Three References That Are Not Former Employers Who We May Contact -

Name and Occupation	How do you know them, and for how long?	Phone Number

Your Employment History

List names of employers with present or last employer list first. Please note if we may not contact your present employer until after you are offered a position.

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for leaving:
May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for leaving:
May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for leaving:
May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Briefly state the knowledge you may have about the products we carry in our store:

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I clarify that all of the information provided in this employment application are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background and credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with Wild Wild West Tobacco, any employment relationship with Wild Wild West Tobacco is considered "employment at will." This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:

Date: