## Application for Employment Form

| APPLICATION                               | FOR EMPLO                      | DYMENT          |            |                                    |  |                         |            |           |                       |                        |  |
|---|--------------------------------|-----------------|------------|------------------------------------|--|-------------------------|------------|-----------|-----------------------|------------------------|--|
| LEGACY DECOR IS<br>COLOR, SEX, NATI       |                                |                 |            | ALL QUALIFIED A                    | APPLICANTS   | WILL BE CON             | ISIDEREI   | D WITH    | IOUT REG              | ARD TO RACE, RELIGION, |  |
| IMPORTANT: THIS AF                        | PPLICATION MUST                | BE FILLED OUT   |            |                                    | HAVE SUPPLI  | ED A RESUME. F          |            |           |                       |                        |  |
| DATE                                      |                                |                 | POSITION   | N DESIRED                          | DESIRED PHONE NO. (AREA CODE)                              |                         |            | (CODE)    |                       |                        |  |
| LAST NAME                                 | FIRST                          |                 | MIDDLE     |                                    | SOCIAL S   | SOCIAL SECURITY NUMBER  |            |           | MESSAGE PHONE         |                        |  |
| PRESENT ADDRESS                           |                                |                 |            | CITY, STATE, ZIP                   |  |                         |            | HOW LONG? |                       |                        |  |
| PREVIOUS ADDRESS                          | 3                              |                 |            | CITY, STATE, ZIP                   |  |                         |            |           |                       |                        |  |
| POSITION DESIRED                          |                                |                 |            | DATE YOU CAN S                     | TART   |                         | SALARY F   | REQUIR    | EMENTS                |                        |  |
| ARE YOU EMPLOYED                          | NOW?                           |                 | l l        | MAY WE INQUIRE                     | 0)/500   | - 1/50                  |            | - NO      |                       |                        |  |
| □ YES □ N                                 | □ YES □ NO                     |                 |            | UR PRESENT EMPLOYER? ☐ YES         |  |                         |            | □NO       |                       |                        |  |
| EVER APPLIED TO TH                        |                                |                 |            | ] NO                               | WHERE?   |                         | WHEN?      |           |                       |                        |  |
| EVER WORKED FOR                           | THIS COMPANY B                 | EFORE?   '      | YES        | ] NO                               |  | WHERE?                  | HERE? WH   |           | N?                    |                        |  |
| REASON FOR LEAVIN                         | NG                             |                 |            |                                    |  |                         |            |           |                       |                        |  |
| NAME OF THE LAST S WHO REFFERED YOU       |                                | NY?<br>T AGENCY |            | EWSPAPER ADVER<br>EGE PLACEMENT SI |  | ☐ FRIENI                |            | □ WE      |                       |                        |  |
|   |                                |                 |            |                                    |  |                         |            |           |                       |                        |  |
| COLLEGE OR UNIVER                         |                                | I EMETNADY O    | ם חוטח פט  | EDUCATIONA                         |  | ION<br>AME AND LOCATION | ON (CITY & | STATE)    | OE LAST HIG           | H SCHOO!               |  |
| 1 2 3 4                                   |                                |                 |            |                                    |  | AME AND LOOK IN         | on (on r a | OIAIL)    | OI LAGITIIQI          | 11301100E              |  |
| NAME AND ADDRESS OF SCHOOL                |                                |                 |            | GRADUATED                          | TYPE OF<br>DEGREE  | DEGREE                  |            |           | CULUM GRADE<br>AVERAG |                        |  |
| COLLEGE OR UNIVER                         | RSITY                          |                 |            | ☐ YES                              | MAJOR  |                         |            |           |                       |                        |  |
| ADDRESS, CITY, STA                        | TE                             |                 |            | □ NO                               | MINOR  |                         |            |           |                       |                        |  |
| COLLEGE OR UNIVER                         | RSITY                          |                 |            | □ YES                              | MAJOR  |                         |            |           |                       |                        |  |
| ADDRESS, CITY, STATE                      |                                |                 |            | □ NO                               | MINOR  |                         |            |           |                       |                        |  |
| GRADUATE SCHOOL                           |                                |                 |            | □ YES                              | MAJOR  |                         |            |           |                       |                        |  |
| ADDRESS, CITY, STATE                      |                                |                 | □ NO       | MINOR                              |  |                         |            |           |                       |                        |  |
| OTHER TRAINING (TR                        | RADE, BUSINESS (               | OR CORRESPNI    | DENCE      | □ YES                              |  |                         |            |           |                       |                        |  |
| SCHOOL)                                   |                                |                 |            | □ NO                               | on c   |                         |            |           |                       |                        |  |
|   |                                |                 |            |                                    | <br> <br>  ITY INFORMA                                     |                         |            |           |                       |                        |  |
| HAVE YOU BEEN COI<br>IF YES, EXPLAIN. (CC | □ NO<br>NVICTED <b>■</b> OTHEF | R THAN MINOR    | TRAFFIC VI | OLATIONS, FOR WI                   |  |                         |            | STATES    | ?                     |                        |  |
|   |                                |                 | 10 1/51/   |                                    | AL/SHOP SKIL   | -                       | (OD 02107  | 204410    | ET LID AND            | ODEDATE                |  |
| SHORTHAND                                 | TYPING                         | BY SIGHT        | 10-KEY     |                                    | NAME OFFICE MACHINES AND/OR SHOP CAN SET UP AND OPERATE  H |                         |            |           | UPERATE               |                        |  |
| WPM                                       | WPM                            |                 |            |                                    |  |                         |            |           |                       |                        |  |
| PC SKILLS AND V                           | WORD PROCES                    | SSING EXPE      | RIÈNCE (   | (LIST SOFTWAR                      | RE YOU ARI   | SKILLED IN              | )          |           |                       |                        |  |
| -   |                                |                 |            |                                    |  |                         |            |           |                       |                        |  |

|     | REFERENCES   |         |       |            |             |  |  |  |
|-----|--|---------|-------|------------|-------------|--|--|--|
|     | YOU MUST GIVE THE NAMES OF THREE PERSONS WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. PLEASE EXCLUDE RELATIVES AND FORMER EMPLOYERS. |         |       |            |             |  |  |  |
| N/  | AME  | ADDRESS | PHONE | OCCUPATION | YRS.KNOWN   |  |  |  |
|     |  |         |       |            |             |  |  |  |
| N.  | ANAE   | ADDDECO | DUONE | COCURATION | VDO KNIOWNI |  |  |  |
| IV/ | AME  | ADDRESS | PHONE | OCCUPATION | YRS.KNOWN   |  |  |  |
|     |  |         |       |            |             |  |  |  |

| NAME   | ADDRESS  |   |   | PHONE               |   | CUPATIO                 | N YRS.KNOWN  |  |
|--|--|---|---|---------------------|---|-------------------------|--|--|
|  |  | II C MII  | ITARY STATUS  |                     |   |                         |  |  |
| BRANCH   |  | U.S.IVIIL   | RANK  |                     |   |                         |  |  |
|  |  |   |   |                     |   |                         |  |  |
| DESCRIPTION OF RELEVANT SKILLS AQUIRED DURI  | NG U.S. MILITARY S   | ERVICE.   |   |                     |   |                         |  |  |
|  |  |   | SHOULD THE COMPAN   |                     |   | ١                       |  |  |
| SPECIAL TRAINING   | y mac would maloato  | 1400, 00101, 10   | igion, national origin, cox,  | ago, or             | and an incoming in a control of the | )                       |  |  |
| SPECIAL SKILLS   |  |   |   |                     |   |                         |  |  |
| RECORD OF E  | MPLOYMENT: FILL  | IN COMPLET  | ELY, BEGINNING WITH   | PRESEN              | IT OR LAST POSITI   | ION.                    |  |  |
| NAME OF PRESENT OR LAST EMPLOYER   |  |   |   | TYF                 | PE OF BUSINESS O  | R COMP                  | ANY PRODUCT  |  |
| COMPLETE ADDRESS (INCLUDE STREET, CITY, STATE  | ΓE, ZIP)   | PHONE N   | O( )  | STA                 | ARTING DATE YR  | LEAV<br>MO              | ING DATE<br>YR   |  |
| NAME OF SUPERVISOR   | SUPERVISOR   | R'S TITLE   |   | IVIO                | STARTING PAY  | INIO                    | FINAL PAY  |  |
| YOUR JOB TITLE (PRESENT OR LAST)   |  |   | REASON FOR LEAVIN   | IG                  |   |                         |  |  |
| BREIF DESCRIPTION OF WORK AND RESPONSIBILIT  | ES   |   |   |                     |   |                         |  |  |
| NAME OF NEXT PREVIOUS EMPLOYER   |  |   | TYPE OF BUSINESS (  |                     |   |                         |  |  |
| COMPLETE ADDRESS (INCLUDE STREET, CITY, STATE  | ΓE, ZIP)   | PHONE N   | )<br>O( )   | STARTING DATE       |   |                         | ING DATE   |  |
| NAME OF SUPERVISOR   | SUPERVISOR   | R'S TITLE   |   | MO                  | YR<br>STARTING PAY  | MO                      | MO YR FINAL PAY  |  |
| YOUR JOB TITLE (PRESENT OR LAST)   |  |   | REASON FOR LEAVIN   | IG                  |   |                         |  |  |
| BREIF DESCRIPTION OF WORK AND RESPONSIBILIT  | ES   |   |   |                     |   |                         |  |  |
| NAME OF NEXT PREVIOUS EMPLOYER   |  |   | TYPE OF BUSINESS (  | OR COM              | PANY PRODUCT  |                         |  |  |
| COMPLETE ADDRESS (INCLUDE STREET, CITY, STATE  | ΓΕ, ZIP)   | PHONE N   | )<br>O( )   | STA                 | ARTING DATE   | LEAV                    | ING DATE   |  |
|  | , ,  |   | - (   | МО                  |   | МО                      | YR   |  |
| NAME OF SUPERVISOR   | SUPERVISOR   | R'S TITLE   |   |                     | STARTING PAY  |                         | FINAL PAY  |  |
| YOUR JOB TITLE (PRESENT OR LAST)   |  |   | REASON FOR LEAVIN   | REASON FOR LEAVING  |   |                         |  |  |
| BREIF DESCRIPTION OF WORK AND RESPONSIBILIT  | ES   |   |   |                     |   |                         |  |  |
| PLEASE EXPLAIN ANY EXTENDED PERIOD OF UNEM   | PLOYMENT   |   |   |                     |   |                         |  |  |
| CONDITIONS OF EMPLOYMENT: I understand that false required. I understand and agree that all information furn named or referred to in this application and any law enforce organizations, and EUBI from any and all liability for any of the consideration of my employment, I agree to conform to without cause, and with or without notice, at the option of for any specified period of time, or to make any agreement | ished on this applicate<br>the tement organization of<br>the laim or damage resulth<br>the rules and regulate<br>ther the Company of | ion may be ve<br>or credit burea<br>Iting therefrom<br>ions of EUBI.<br>or myself. I un | rified by EUBI or it author<br>to to give EUBI all informa<br>n.<br>I understand that any emp | zed repretion, rela | esentative. I hereby<br>tive to such verificati<br>relationship is at will  | authorize<br>ion and he | all individuals and organizations ereby release such individuals, be terminated at any time, with or |  |
| APPLICANT'S SIGNATURE: X   |  | DATE:   |   |                     |   |                         |  |  |
| NOTE: If the job you are hired for requires a driver's license   |  |   |   |                     |   | nt.                     |  |  |
| I  | OR OFFICE USI  | E ONLY, DO  | O NOT WRITE BELC  | OW TH               | IS LINE   |                         |  |  |
|  |  |   |   |                     |   |                         |  |  |

DATE:

INTERVIEWED BY: