

SHOPPERS SERVICE

5946 Success Drive, Post Office Box 4430, Rome, NY 13440
Phone: 315-336-6870—Fax: 315-336-0778—Toll Free: 1-800-537-3811

VACCINATION STATUS:

Vaccinated

Not Vaccinated

APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____
Last First Middle

Present Address: _____

Phone Number: _____ Social Security Number: _____

DRIVER'S LICENSE NUMBER: _____ Referred by: _____

EMPLOYMENT DESIRED:

Position: _____ Date you can start: _____

Salary Desired: _____ Are you presently employed? _____

If so, may we contact your present employer? _____

Have you ever applied to this company before? _____ When? _____

Do you have your own transportation? _____

EDUCATION:

Name/Location of School	Number of Years Attended	Subjects Studied
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High School: _____

Col-
lege: _____

Trade, Business or Correspondence School: _____

UNITED STATES MILITARY SERVICE: Yes _____ No _____ When _____
Date of Discharge: _____

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?
Yes _____ No _____ Proof of Citizenship or Immigration Status will be required upon your employment

REFERENCES:

Give below, the names of three (3) persons NOT RELATED to you, whom you have known for at least ONE YEAR:

	Name	Address	Years Acquainted
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

FORMER EMPLOYERS: List below, your LAST TWO EMPLOYERS, starting with the most recent one first:

Date/Month/Year Worked: Name/Address of Employer Salary/Position Reason for Leaving

From:
To:

Describe Nature of Work Performed:

From:
To:

Describe Nature of Work Performed:

Have you ever been convicted of a felony? Yes _____ No _____

This job may require you to work on Saturday, Sunday and/or Holidays. Are you willing to work on these days?
Yes _____ No _____

Do you have any impairments, physical, mental or medical, which would prevent you from performing in a reasonable manner the activities involved in the job or occupation for which you applied?

I HEREBY GIVE AUTHORIZATION TO CHECK THE REFERENCES GIVEN IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR WILL NOT BE INTERPRETED IN MY FAVOR

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

REMARKS: _____

Hired: _____ For Dept.: _____ Position: _____

Will Report: _____ Salary Wage: _____

APPROVED by: 1. _____ 2. _____ 3. _____
 Employment Manager Department Head General Manager

WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOMENT ON ANY BASIS, INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN, OR PHYSICAL DEFECT.

SHOPPERS SERVICE

CLOTHING & THERAPEUTIC SHOES

5946 Success Drive
P.O. Box 4430
Rome, NY 13442-4430
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Toll Free: 1-800-537-3811
Fax: (315)-336-0778
Toll Free Fax: 1-800-560-5575
www.shoppersservice.com

AUTHORIZATION – RELEASE FOR BACKGROUND CHECK

In connection with my application for:
(position applied for: _____)

I hereby release **SHOPPERS SERVICE** and/or their officers, employees and agents from any liability and responsibility arising from the preparation of a background investigation report.

I authorize all persons, schools, businesses, corporations, credit bureaus, courts and law enforcement agencies to release information including matters of opinion about my character, ability and past conduct. I authorize these agencies to release such information without restriction or qualification.

I authorize the release of any psychiatric or clinical records from the New York State Office of Mental Health or any other mental health/mental hygiene record keeping facility.

I authorize the National Personnel Records Center, St. Louis, Missouri, or any other custodian of my military record to release to the City of Rome Police Department information or photocopies from my military personnel and related records. This may include a photocopy of my DDForm 214, Record of Separation.

I am willing that a photocopy of this authorization be considered as effective and as valid as the original.

Applicant's Signature

Date of Birth

TODAY'S DATE: _____

PLEASE PRINT:

Name: _____

Address: _____

Phone Number: _____