



colorado helpful place.

# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Check out the website:  
[www.coloradohelpfulplace.com](http://www.coloradohelpfulplace.com)

NAME - LAST	FIRST	MIDDLE	POSITION DESIRED	SOCIAL SECURITY NUMBER	TODAYS DATE: DATE AVAILABLE:
ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER:	Do you wish to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/>
Please indicate hours you are available to work:					
<u>Monday</u>		<u>Tuesday</u>		<u>Wednesday</u>	
<u>Thursday</u>		<u>Friday</u>		<u>Saturday</u>	
<u>Sunday</u>					

EDUCATION				SKILLS	
NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	MAJOR COURSE(S)	GRADUATED OR DEGREE		
HIGH SCHOOL			YES NO	<input type="checkbox"/> POS MACHINE	<input type="checkbox"/> ELECTRICAL
				<input type="checkbox"/> KEY CUTTING MACHINE	<input type="checkbox"/> PLUMBING
				<input type="checkbox"/> PAINT MIXING MACHINE	<input type="checkbox"/> BUILDING CONSTRUCTION
COLLEGE			LIST DEGREE	<input type="checkbox"/> WORD PROCESSING	<input type="checkbox"/> PERSONAL COMPUTER
				<input type="checkbox"/> OTHER SKILLS:	
GRAD. SCHOOL					
OTHER					

**EMPLOYMENT HISTORY**

Give Names and Addresses of All Previous Employers. If you are now working, present employer and reason for desire to quit must be included. Additional paper will be provided upon request. Also give reason for any lapse of time between jobs. **MAY WE CONTACT YOUR CURRENT EMPLOYER?:**  YES  NO

EMPLOYER (Latest First)	DATES EMPLOYED	TITLE AND DUTIES	REASON FOR LEAVING
NAME	FROM		
ADDRESS CITY/STATE/ZIP	TO		
TELEPHONE	SUPERVISOR		
NAME	FROM		
ADDRESS CITY/STATE/ZIP	TO		
TELEPHONE	SUPERVISOR		
NAME	FROM		
ADDRESS CITY/STATE/ZIP	TO		
TELEPHONE	SUPERVISOR		
NAME	FROM		
ADDRESS CITY/STATE/ZIP	TO		
TELEPHONE	SUPERVISOR		

MILITARY SERVICE	BRANCH	FINAL RANK/GRADE	SPECIALTY/MOS	RESERVE STATUS
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Have you ever been employed by our Company? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN	WHERE
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Do you have any relatives employed by our Company?  YES  NO If yes, please state person's name, job and employment location. \_\_\_\_\_

**GENERAL INFORMATION**

If hired, can you furnish proof of age?  YES  NO If hired, can you furnish proof you are legally entitled to work in U.S.?  YES  NO

How did you hear of our Company?  Employee Referral \_\_\_\_\_  Own Accord  Advertising  Agency \_\_\_\_\_  other \_\_\_\_\_  
name of employee name other

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Company?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW:**

This application is considered current for 90 days. If you want to be considered for employment after this time you must renew your application in writing.

I certify that the information contained in this application and/or any supplement thereto, is correct to the best of my knowledge and understand that any mis-statement or omission of information is grounds for dismissal in accordance with Company Policy. I authorize Ace Hardware to contact my current or prior employers and/or the above references and request any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I expressly release Ace Hardware and all parties providing such information from any and all liability or responsibility for damage that may result from furnishing the same to you.

If I am offered a position with the Company, I agree to conform to the applicable rules, regulations and policies of the Company, and acknowledge that my employment and compensation can be terminated at any time with or without cause, and with or without notice, at the option of either the Company or myself. I further understand that no representative of the Company has any authority to make any agreement contrary to the foregoing or to bind the Company for the employment of any person for any specified period of time.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

*You must fill in your own application and fully complete this application in order to receive proper consideration.*