



CENTRAL COAST ACE HARDWARE EMPLOYMENT APPLICATION

<input type="checkbox"/> Watsonville 451 Main Street 95076 (831) 724-4749	<input type="checkbox"/> Watsonville 1056 East Lake Avenue 95076 (831) 724-4795	<input type="checkbox"/> Freedom 1820 Freedom Boulevard 95019 (831) 724-4740
<input type="checkbox"/> Gilroy 1260 First Street Ste. B 95020 (408) 847-5890	<input type="checkbox"/> Salinas 1561 N Sanborn Road 93905 (831) 422-2233	<input type="checkbox"/> Marina 265 Reservation Road 93933 (831) 884-9476

***Check the location(s) above that you are applying for.**

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

E-MAIL: _____

PHONE: _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE TO BEGIN: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATIONS? YES NO

ARE YOU AT LEAST AGE 18? YES NO
(Proof of age and/or work permits may be required prior to hiring)

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO
(Proof of identity and legal authority to work in the U.S. is a condition of employment)

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

***IF YES, WRITE THE START AND END DATES:** _____

EDUCATION

	Name of School Attended	Graduated (Yes/No)	Number of Years	Course or Major	Grade Point Average
Junior High					
High School					
College					
Other					

Summarize skills and qualifications acquired from employment/ education / other experience that may be applicable to this position:.

AVAILABILITY

Please list days and time available to work (check box for day(s) available to work)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1:

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2:

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3:

E-MAIL: _____ PHONE: _____

ADDRESS: _____

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ **COMPANY:** _____

TITLE: _____ **PHONE:** _____

FULL NAME: _____ **COMPANY:** _____

TITLE: _____ **PHONE:** _____

FULL NAME: _____ **COMPANY:** _____

TITLE: _____ **PHONE:** _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ **RANK AT DISCHARGE:** _____

FROM: _____ **TO:** _____

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____