



**Thank you for considering employment at Cashwell Appliance Parts. Please print and fill out this form and deliver it to your local store, or email it to [helpwanted@cashwells.com](mailto:helpwanted@cashwells.com)**

# Application for Employment



We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

**PERSONAL INFORMATION**

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Phone No. \_\_\_\_\_

Referred by \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are You Employed Now?  Yes  No If So May We Inquire of Your Present Employer?  Yes  No

Ever Applied To This Company Before?  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

**EDUCATION**

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____			
High School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____			
College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____			
Trade, Business or Correspondence School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____			

**GENERAL**

Subjects of Special Study or Research Work \_\_\_\_\_

Job Related Skills (typing, drivers license, etc.) \_\_\_\_\_

Activities Other Than Religious (civic, athletic, etc.) \_\_\_\_\_

Exclude Organizations, the Name or Character of Which Indicates the Race, Sex, Color or National Origin of it's Members.

(Continued on Other Side)

Last  
First  
Middle

**FORMER EMPLOYERS** List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCE** List below three persons not related to you whom you have known at least one year

Name	Address\Phone No.	Occupation	Years Acquainted
1			
2			
3			

**AUTHORIZATION**

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

In Case of  
Emergency Notify \_\_\_\_\_  
Name

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE— OFFICE USE ONLY**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

INS Form I-9 Completed?  Yes  No

Hired \_\_\_\_\_ For Dept. \_\_\_\_\_ Position \_\_\_\_\_ Will Report \_\_\_\_\_ Salary  
Wages \_\_\_\_\_

Approved: 1 \_\_\_\_\_ 2 \_\_\_\_\_  
Employment Manager Department Head