



# Application For Employment

Simply Better!

Martin's is an Equal Employment Opportunity Employer, Qualified applicants are considered without regard to age, color, disability, gender, national origin, race, religion, veteran status or any classification protected by federal, state, or local law.

ANNISTON • OXFORD • RAINBOW CITY • DECATUR • FLORENCE • DISTRIBUTION CENTER

Location applying for: \_\_\_\_\_

Referral Source:  Advertisement  Associate  Walk-in  Friend  Relative  Other

## PERSONAL INFORMATION

(Please print clearly)

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Have you filed an application here before?  Yes  No If Yes, give date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, give date and location \_\_\_\_\_

Are you at least 17 years old?  Yes  No If under 18 years of age, you **MUST** furnish a State of Alabama Child Labor Work Permit to be eligible for employment.

Are you legally authorized for employment in the United States?  Yes  No

## EMPLOYMENT INTERESTS

Position(s) applying for:

Date available to start work: \_\_\_\_\_

- Any Available       In-Store Stock       Management       Other: \_\_\_\_\_  
(please state)
- Cashier       Distribution Center       Area Merchandiser
- Sales Associate       Clerical       Buyer       Shoes

# Employment Interests continued

Type of Employment:     Full-Time     Part-Time     Seasonal/ Temporary

Please indicate the days and hours you're available to work:

	MON HOURS	TUES HOURS	WED HOURS	THURS HOURS	FRI HOURS	SAT HOURS	SUN HOURS
Earliest Time							
Latest Time							

What skills would you say you have?     Cash Register     Computer     Sales     Communication

Are you on a layoff and subject to recall?     Yes     No

List Relatives working here: \_\_\_\_\_

List Friends working here: \_\_\_\_\_

Have you been convicted of, pled guilty to, or admitted guilt to a crime?     Yes     No

If yes, please explain: \_\_\_\_\_

Have you ever been discharged from a position, or resigned to avoid discharge?     Yes     No

If yes, please explain. \_\_\_\_\_

Are you able to perform the essential functions of the job applied for with/or without reasonable accommodations?     Yes     No

If no, please explain: \_\_\_\_\_

I fully understand that if I am hired as a Seasonal/Temporary Associate that my hours and/or scheduling will fluctuate from 0-40 hours and 0-7 days per week and that my employment may end at any time. I understand Wakefield's Inc. is an "employment at will" company.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**In Case of emergency, notify:** Name \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

## EDUCATION

Are you currently enrolled in school?     Yes     No    If Yes, where: \_\_\_\_\_

	School Name/ City/ State	Degree/Job Related Courses	Status
High School			<input type="checkbox"/> Graduated/ _____ GED _____ <small>year</small> <input type="checkbox"/> Still in School <input type="checkbox"/> Not Currently in school
College/ Technical			<input type="checkbox"/> Graduated _____ <small>year</small> <input type="checkbox"/> Still in School <input type="checkbox"/> Not Currently in school
Other			<input type="checkbox"/> Graduated _____ <small>year</small> <input type="checkbox"/> Still in School <input type="checkbox"/> Not Currently in school

# EMPLOYMENT HISTORY

## Current or Most Recent Employer

Employer: \_\_\_\_\_ Employer Phone:(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Job Title: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Starting Wages: \_\_\_\_\_ Ending Wages: \_\_\_\_\_

May we contact this supervisor before making a conditional offer of employment?  Yes  No

## Second Most Recent Employer

Employer: \_\_\_\_\_ Employer Phone:(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Job Title: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Starting Wages: \_\_\_\_\_ Ending Wages: \_\_\_\_\_

May we contact this supervisor before making a conditional offer of employment?  Yes  No

## Third Most Recent Employer

Employer: \_\_\_\_\_ Employer Phone:(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Job Title: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Starting Wages: \_\_\_\_\_ Ending Wages: \_\_\_\_\_

May we contact this supervisor before making a conditional offer of employment?  Yes  No

## REFERENCES:

Give name, address, occupation, and telephone number of three references who are not related to you and are not previous employers:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**ONLY COMPLETED, SIGNED, AND DATED APPLICATIONS WILL BE CONSIDERED.**

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**PRE-EMPLOYMENT DRUG SCREENING CONSENT FORM**

I recognize that the use or abuse of alcohol, drugs, or any chemical substance by an employee can create an unsafe working environment.

**I voluntarily consent** to a drug screening test as part of Wakefield’s, Inc. selection and hiring process. I understand that such drug screening will consist of taking of urine for a medically recognized test designed to detect traceable amounts of controlled substance in my body. If any detectable amounts are found, there will be an automatic confirmation by GC/MS test on the same specimen. If the results of the second test are also positive, it will be disqualified from further consideration. I hereby give my consent to Wakefield’s, Inc. to administer any drug screening procedures to me, and to use the results thereof in further determining my employment with the company.

If, employed, I further agree to submit to “reasonable cause” drug screening if requested of me at any time during my employment. Positive results from any such post-employment test may result in my discharge from employment from Wakefield’s, Inc.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therefore, we ask you to read and sign below indicating your understanding of the following:**

The facts listed on this application are true and complete to the best of my knowledge. I understand that false or omitted information may result in the rejection of my application or my discharge at any time during my employment. I understand that my employment is for no definite or fixed period, and that neither hours of work, which may be assigned me at any time, nor any other circumstances, shall constitute a guarantee or fixed employment. I understand that work schedules will vary based on business needs and there are no guarantees that my schedule will remain the same as the one for which I was originally hired.

**I understand** that my employment may be terminated at any time and that Wakefield’s Inc. is an “employment at will” company.

**I understand** that Wakefield’s Inc. endorses a drug free environment and reserves the right to drug screen associates when they are hired and randomly drug tests associates who are employed by Wakefield’s, Inc.

Except as specifically noted on this application, **I authorize** Wakefield’s Inc. to confirm my education, employment history, and references. In addition, **my signature authorizes** Wakefield’s Inc. or a designated representative to look into my credit and criminal history. **I further authorize** Wakefield’s Inc. to obtain consumer reports or investigative reports on a continuing basis, as needed, and as it relates to my employment. Upon written request, we will provide you with additional information concerning the source, nature, and scope of any such report requested by us.

**I understand** that, if hired, I will be required to offer for examination, documents proving that I am a U.S. Citizen or an alien currently authorized to work in the U.S. I also understand that my continued employment is contingent upon my providing the necessary documentation within the prescribed time frame.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_