FWDG

Please Print Legibly in Every Area Except your Signature

This organization is an equal opportunity employer. All applicants and employees are considered for employment, development, advancement and compensation based upon their skills and performance, without regard to race, color, religion, sex, national origin, age or handicap.

Please provide <u>all</u> information requested, in your own handwriting			Today's Date:
Name First Middle Last		The name you prefer to be called:	Home phone ( ) - Other phone ( ) - Last 4 digits of Social Security # _ _ _ _
Address City		State	Zip
Position Desired	At What Annual Salary or Hourly Pay Are You Willing to Start?	Date Available to Start	Are There Any Days You are ***<u>Not</u>*** Available to work?:

How did you find out about this position?

Are you either (check one): _____ a US citizen **<u>Or</u>** <u>Legally</u> eligible to hold permanent employment un the US_____
(You will be asked to provide documents as required by Federal law.)

Do you have any disability for which you would need accommodation in order to successfully perform the duties of the job for which you are applying? If yes, please explain:

Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on you background? If yes, please explain:

Are you at least 18 years of age?

Have you ever been convicted of a crime? (Does not necessarily bar you from employment)
If yes, please explain offense and final disposition:

Education

School name and City	Number of years attended	If graduated, give date	Degree or Certificate
High school			
College			
Other			

Do you have knowledge of any computer programs? If yes, please explain:

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YOUR FORMER EMPLOYERS		
Please Start With Most Recent Jobs	Name, address ,phone number and contact name of former employer	
From: Month: Year:	Company Name: City: Contact name: Contact ph #: Do we have your permission to contact this person?	Salary When Left/Job ended:
To Month: Year:		Your reason for Leaving:
From Month: Year:	Company Name: City: Contact name: Contact ph #: Do we have your permission to contact this person?	Salary When Left/Job ended:
To Month: Year:		Your reason for Leaving:
From Month: Year:	Company Name: City: Contact name: Contact ph #: Do we have your permission to contact this person?	Salary When Left/Job ended:
To Month: Year:		Your reason for Leaving:
From Month: Year:	Company Name: City: Contact name: Contact ph #: Do we have your permission to contact this person?	Salary When Left/Job ended:
To Month: Year:		Your reason for Leaving:
Are these all the jobs you worked during the above time period?		
Which of these jobs did you like best?		
What did you like most about this job?		

REFERENCE

Give the name of a person not related to you, whom you have known at least one year, that would be willing and able to provide a personal reference

Name	Address / phone number	Years acquainted

Please sign the following authorization:

I do hereby give my authorization to Furniture Warehouse Sales, Inc., DBA FWDG or BedSmart to perform any and all background checks they may require, including, but not limited to reference checks and police background checks

Signed: _____ Date_____