

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed color, religious belief, age, national origin, physical or mental disability, sexual orientation, or veteran status.

Personal Information

Name: _____
Permanent Address: _____
Local Address: _____
Daytime Phone: _____ Evening Phone: _____
Are you a citizen or authorized by the INS to work? (Documentation may be required) Y or N _____
Have you ever been convicted of a felony? Y or N _____

Employment Desired

Have you ever applied for employment with our store? Y or N _____ If so, when? _____
Are you presently employed? Y or N _____ May we contact your employer? Y or N _____
Number of hours per week requested: _____ Minimum number of hours per week requested: _____
The date you are available to start: _____ Desired starting hourly rate (\$): _____
Please list applicable skills: _____

Education

School	Location	Major	Degree	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list any scholastic honors received and offices held in school: _____

Are you planning to continue your studies? Y or N _____
If Yes, where and what courses of study? _____

Employment History

Please list employment from the last seven years, starting with the most recent employer. Attach additional sheets if necessary.

Company Name: _____
Address: _____
Job Title: _____
Responsibilities: _____
Dates of Employment From: _____ To: _____
Reason for leaving: _____

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The Book Shelf

162 W. 2nd Street
Winona, MN 55987
(507) 474-1880

What 4 books have you read recently?

1 _____
2 _____

3 _____
4 _____

What was the last book that you read that you would recommend and why? (3-5 sentences)

References

List three personal reference, not related to you, whom have know you more than one year:

Name: _____ Phone: _____ Years known: _____
Address: _____

Name: _____ Phone: _____ Years known: _____
Address: _____

Name: _____ Phone: _____ Years known: _____
Address: _____

Emergency Contact

In case of emergency, please notify:

Name: _____ Phone: _____
Address: _____

Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

PLEASE READ BEFORE SIGNING

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools or persons listed as references to give any information regarding my employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company, which verifies my right to work in the United States on the first day of employment. I have received from the company a list of approved documents which are required. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

I hereby acknowledge that I have read and understand the above statements

Signature

Date

