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Employment Application

IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, complete this application in its entirety including dates of employment and pay information. If you are offered employment, you will be expected to pass a drug-screening test and a criminal background check.

RESUMES, though certainly welcome, should not be submitted in place of information requested on this application.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. We consider qualified applicants without regard to race, color, sex, age, religion, national origin, marital status, disability, or any another basis prohibited by law.

PERSONAL INFORMATION

Form with fields: Last Name, First Name, MI, Today's Date, Street Address, City, State, Zip, Primary Phone Number, Secondary Phone Number, Email Address, Best Day/Time To Contact You

EMPLOYMENT INFORMATION

Form with sections: How were you referred to us?, What position(s) are you applying for?, Type of employment desired?, Are You at Least Age 18?, Expected Starting Pay, Date Available For Employment, Are you able to prove that you are lawfully authorized to work in the United States?, Are you able to work?

CRIMINAL BACKGROUND

Form with text: Have you ever pleaded guilty to or been convicted of any crime, other than traffic violations? If "Yes," please list all, and give full details including date and jurisdiction: (Attach additional page if necessary.) Convictions will not necessarily exclude you from employment, but date and type of conviction will be considered for job placement.

EDUCATION

Type of School	Name and Location of School	Courses Majored In	Circle Last Year Completed	Diploma or Type of Degree	Grade Average
High School			9 10 11 12	Diploma (or GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4		
Other					

Are your school or previous employment records under any name other than the one you now use? Yes No
If yes, what is the other name?

WORK EXPERIENCE

Complete all information including pay and dates of employment. If you are unsure of dates of employment or pay information, estimate, and indicate information is an estimate. Begin with your Current or Most Recent Employer, and work backwards. List all employers, even if employment was long ago.

CURRENT EMPLOYER (Or Most Recent)		From: Mo./Yr.	To: Mo./Yr.	Describe your job duties and special skills
Street Address				
City, State, Zip		Starting pay rate		
Telephone ()	May we contact at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current (Final) pay		Names and titles of immediate supervisors
Job Title – Start		Number of Hours Worked Per Week?		
Job Title – Current (Or Upon Termination)				Reason for leaving or considering leaving

PREVIOUS EMPLOYER		From: Mo./Yr.	To: Mo./Yr.	Describe your job duties and special skills
Street Address				
City, State, Zip		Starting Pay Rate		
Telephone ()	May we contact at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Pay Rate		Names and titles of immediate supervisors
Job Title – Start		Number of Hours Worked Per Week?		
Job Title – Upon Termination				Reason for leaving

PREVIOUS EMPLOYER		From: Mo./Yr.	To: Mo./Yr.	Describe your job duties and special skills
Street Address				
City, State, Zip		Starting Pay Rate		
Telephone ()	May we contact at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Pay Rate		Names and titles of immediate supervisors
Job Title – Start		Number of Hours Worked Per Week?		
Job Title – Upon Termination				Reason for leaving

WORK EXPERIENCE (continued)

PREVIOUS EMPLOYER	From: Mo./Yr.	To: Mo./Yr.	Describe your job duties and special skills
Street Address			
City, State, Zip	Starting Pay Rate		
Telephone () May we contact at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Pay Rate		Names and titles of immediate supervisors
Job Title – Start	Number of Hours Worked Per Week?		
Job Title – Upon Termination			Reason for leaving

PREVIOUS EMPLOYER	From: Mo./Yr.	To: Mo./Yr.	Describe your job duties and special skills
Street Address			
City, State, Zip	Starting Pay Rate		
Telephone () May we contact at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Pay Rate		Names and titles of immediate supervisors
Job Title – Start	Number of Hours Worked Per Week?		
Job Title – Upon Termination			Reason for leaving

PREVIOUS EMPLOYER	From: Mo./Yr.	To: Mo./Yr.	Describe your job duties and special skills
Street Address			
City, State, Zip	Starting Pay Rate		
Telephone () May we contact at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Pay Rate		Names and titles of immediate supervisors
Job Title – Start	Number of Hours Worked Per Week?		
Job Title – Upon Termination			Reason for leaving

PREVIOUS EMPLOYER	From: Mo./Yr.	To: Mo./Yr.	Describe your job duties and special skills
Street Address			
City, State, Zip	Starting Pay Rate		
Telephone () May we contact at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Pay Rate		Names and titles of immediate supervisors
Job Title – Start	Number of Hours Worked Per Week?		
Job Title – Upon Termination			Reason for leaving

ADDITIONAL INFORMATION

Include any special skills, qualifications, or any other information that would be helpful in considering you for employment.

AUTHORIZATION AND UNDERSTANDING

Before you sign this application please read each paragraph below. Initial the line provided to the right to state that you have read and understand its contents.

AUTHORIZATION AND UNDERSTANDING	INITIAL EACH LINE BELOW
<p>INFORMATION IS TRUE AND COMPLETE. Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I agree that any false information or any information omitted on my application subject me to discharge at any time during the period of my employment. (If you agree, initial to the right.) →</p>	_____
<p>AUTHORIZATION TO PROVIDE AND RECEIVE INFORMATION. I authorize you to verify any of the information concerning my previous employment, social security number, criminal background, and educational history with the appropriate individuals, companies, institutions, or agencies, and I authorize them to release all information as you require, including my prior disciplinary employment record, without any obligation to give me written notice. I also authorize you to release any information requested by any of my prospective employers without any obligation to give me written notice. I hereby release you and them from any liability whatsoever as a result of any inquiries and disclosures. (If you agree, initial to the right.) →</p>	_____
<p>CONDITIONS OF EMPLOYMENT. If hired, I agree that I shall be bound by the rules, policies, and conditions of employment of the company as they are from time to time changed with or without notice to me. (If you agree, initial to the right.) →</p>	_____
<p>AT-WILL EMPLOYMENT. I understand that this employment application, or any other company document, is not a contract of employment, and any individual who is hired is an "at-will" employee of the company and may voluntarily leave employment at any time and may be discharged by STANFORD HOME CENTERS at any time, with or without cause. I also understand that no representative of STANFORD HOME CENTERS (other than the President) has the authority to offer or to enter into any agreement for employment for any specified period of time or to make any contrary agreement. (If you agree, initial to the right.) →</p>	_____
<p>SUBSTANCE ABUSE SCREENING. I understand that as a condition of my continued employment with the company, I may be asked to submit to screening for the use of illegal drugs and alcohol at any time during the course of my employment, with or without prior notice to me. (If you agree, initial to the right.) →</p>	_____
<p>Signature of Applicant:</p>	<p>Date:</p>