

Schaefer's Hobby Shop

Employment Application

11659 Gravois rd. St. Louis, Mo. 63126

314-729-7077

Previous Employment

Dates of Employment: From ___/___/___ To ___/___/___ Starting Wage \$ _____ Ending Wage \$ _____

Company Name _____ Phone Number _____

Supervisor's Name: _____ Can we contact if needed? ☐ Yes ☐ No

Position(s): _____

Responsibilities: _____

Reason for leaving: _____

Dates of Employment: From ___/___/___ To ___/___/___ Starting Wage \$ _____ Ending Wage \$ _____

Company Name _____ Phone Number _____

Supervisor's Name: _____ Can we contact if needed? ☐ Yes ☐ No

Position(s): _____

Responsibilities: _____

Reason for leaving: _____

List two personal references who are not relatives or former supervisors

Name _____ Number _____ Years Known _____

Name _____ Number _____ Years Known _____

" I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state law Schaefer's is an equal opportunity employer. Any person applying for a position will be considered without regard to race, religion, gender, age, national origin or disability. "

Signature of Applicant _____ Date _____