

Pacific Outfitters

EMPLOYMENT APPLICATION

Equal Opportunity Employer

Personal Information

NAME (LAST NAME / FIRST)		TODAY'S DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER APPLIED TO OR WORKED FOR PACIFIC OUTFITTERS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHERE & WHEN?	DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR PACIFIC OUTFITTERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE TIMES/DAYS WHICH YOU ARE UNAVAILABLE TO WORK? (Please attach your schedule if more space is needed).	IF YES, STATE NAME(S) & RELATIONSHIP	
WHY ARE YOU APPLYING FOR WORK AT PACIFIC OUTFITTERS?		

Questionnaire

IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES NO

ARE YOU AT LEAST 18 YEARS OLD? (IF UNDER 18, HIRE IS SUBJECT TO VERIFICATION THAT YOU ARE OF MINIMUM LEGAL AGE.) YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Education, Training, and Experience

	NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information	
SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL SKILLS OR TRAINING	
U.S. MILITARY SERVICE	RANK

Employment History			
List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.			
COMPANY NAME		PHONE	SUPERVISOR NAME
ADDRESS		POSITION	
YOUR JOB DUTIES			
FROM	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TO			
COMPANY NAME		PHONE	SUPERVISOR NAME
ADDRESS		POSITION	
YOUR JOB DUTIES			
FROM	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TO			
COMPANY NAME		PHONE	SUPERVISOR NAME
ADDRESS		POSITION	
YOUR JOB DUTIES			
FROM	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TO			

References (List below three persons not related to you who have knowledge of your work performance within the last three years.)				
NAME	ADDRESS	OCCUPATION	PHONE NUMBER	YEARS KNOWN

Employment Application

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Pacific Outfitters to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. Further, I authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all others persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Initials

The information requested below is necessary for the specific position for which you are applying. No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered. Any information regarding criminal history will be maintained confidentially.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No
(Please do not list misdemeanor convictions for marijuana-related offenses that are more than two years old, infractions, records relating to diversion programs, or convictions that have been judicially dismissed or ordered sealed pursuant to law.)

If yes, state the nature of the crime(s), when and where convicted, and disposition of the case.

Are you prohibited from owning and/or possessing firearms? Yes No
If yes, please explain below:

Applicant's Signature

Date