

NAME BRANDS, INC.

FOR NBC USE ONLY

DOB _____
DOH _____
ROP _____
STORE _____

APPLICATION FOR EMPLOYMENT

In compliance with the Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or disability.

ALL SPACES MUST BE COMPLETED

Date _____ / _____ / _____ Social Security # _____ - _____ - _____

Name _____
First Middle Last

Address _____
Street Apt/Unit #

City State Zip Code

Telephone () _____ - _____ Wage Expected \$ _____

Work Applied For _____
Position

Full Time _____ Part Time _____ Shifts _____

In Case of Emergency Notify:

Name _____ Relationship: _____

Telephone Work: () _____ - _____ Address _____

Home: () _____ - _____

Education:

Circle Highest Grade Completed: 7 8 9 10 11 12 College: 1 2 3 4 5

Name of High School: _____
City State Year Grad.

Name of College: _____
City State Year Grad.

Other Special Training: _____

Character Reference (Please do not use former employers or relatives)

Name	Address	Telephone

Work References (Give complete record of business or employment for past ten years, attach additional sheets as needed)

Name of Employer	Address City	State	Supervisor's Name	Dates Employed	Duties	Salary

If presently employed, how much notice to present employer is necessary? _____
 What was the major reason for leaving last employment? _____

Have you ever:

- (a) Entered a plea of guilty or nolo contendere to a state or federal felony charge? Yes No
- (b) Been convicted of a state, federal or felony offense? Yes No
- (c) Been charged with a state, federal or felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere? Yes No
- (d) Entered a plea of guilty or nolo contendere to, or been convicted of, a state or federal misdemeanor charge involving illegal chemical substances or sexual activity? Yes No

If yes to any of the above, please complete the following:

TYPE OF VIOLATION	DATE	PLACE (City, State)

May we inquire of your past or present employer? _____

Military Service: _____

**I hereby state that all information in this application is accurate and complete.
 I further state that I am legally eligible for employment in the United States and that all documents provided by me, (i.e., Social Security card, etc.) are valid. I understand that if I am employed and any information on the application is false or incomplete, my employment can be terminated.**

Date: _____ **Applicant's signature:** _____

FOR INTERNAL USE ONLY	If employed, Date of birth _____
Interviewed by _____ Date employed _____	Pay rate \$ _____
I-9 Form completed & documents verified by _____	
Date _____ Employee handbook received _____	Initials _____