EMPLOYMENT APPLICATION

Tener's Western Outfitters is an equal opportunity employer committed to a policy of nondiscrimination with respect to race, color, religion, sex, national origin, and any other class protected by federal, state, or local law, including, but not limited to, medical condition, disability, marital status, age, sexual orientation, or pregnancy.

GENERAL INFORMATION:			COMPAN	IY LOCATI	ION:					
Please Print										
FULL NAME:						DATE:	//			
	(LAST)		(FIRST)	(1	MIDDLE)					
ADDRESS:										
(STREET)						(STATE)				
PHONE NUMBER: ()										
ARE YOU ELIGI	NITED STATES?	YES	□ №							
ARE YOU AGE 1		YES	☐ NO							
HAVE YOU EVE		YES	☐ NO	WHERE?						
HOW WERE YO	U REFERRED TO TE	NER'S?								
DO YOU HAVE RELATIVES OR FRIENDS PRESENTLY EMPLOYED BY TENER'S?										
IF YES, EXPLAIN	V:									
DURING THE PAST SEVEN YEARS, HAVE YOU BEEN CONVICTED OF, OR HAVE YOU PLEAD GUILTY OR NO CONTEST TO, A FELONY OFFENSE, OR MISDEMEANOR OTHER THAN A MINOR TRAFFIC VIOLATION? Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying. IF YES, EXPLAIN:										
POSITION I	POSITION A	POSITION APPLIED FOR:								
SALARY EXPECT	DATE AVAIL	DATE AVAILABLE FOR WORK:								
WOULD YOU TR	WOULD YO	WOULD YOU RELOCATE? ☐ YES ☐ NO								
APPLYING FOR:	FULL-TIME	PART-TIME	SEASONAL	. П ТЕМ	IPORARY	EDUCATI	ONAL CO-OP			
PLEASE SPECIFY DAYS AND HOURS AVAILABLE FOR WORK:										
MON	TUE	WED	THU	FRI	I	SAT	SUN			
CREDENTIALS AND SPECIAL SKILLS: DESCRIBE YOUR EXPERIENCE AND/OR TRAINING IN THE FOLLOWING AREAS:										
COMPUTER / DATA PROCESSING: YEARS: MONTHS:										
		YEARS: MONTHS:								
		YEARS: MONTHS:								
				YEARS: MONTHS:						
		IICAL LICENSE(S):								
LIST AINT PROFE	SSIGNAL ON TECHN	TICAL LICENSE(S)								

EDUCATIO	ON:						
HIGH SCHOOL		YEARS COMPLETED		DEGRE	E ARE	AREA OF STUDY	
COLLEGE		 9 10	□11 □12 □ □	<u></u>			
OTHER			3 4				
		🗖 1 🗖 2	3 4				
REFERENC							
LIST NAME AND TE NAME		LEPHONE NUMBER OF THI	AL REFERENCES NOT	TRELATED TO YOU TELEPHONE	J: YEARS KNOWN		
IVAIVIE		,	DDRESS		12221110112	12/11/3/11/07/11	
MILITARY				—	—		
	ER SERVED IN THE AF ERVICE:	RMED FORCES OF THE UNI		YES T DISCHARGE:	NO		
FORMER	EMPLOYERS:						
LIST BELOW L	AST FOUR EMPLOYE	RS, STARTING WITH THE L	AST ONE FIRS	ST:			
DATE MONTH & YEAR	EMPLOYER: NAME, ADDRESS, PHONE NUMBER		SALARY	POSITION	SUPERVISOR	REASON FOR LEAVING	
FROM: TO:							
FROM: TO:							
FROM: TO:							
FROM: TO:							
I certify that the knowledge and supplements the former employe records. I hereb that the use of the and agree that, to	answers given by me belief. I understand tha ereto, may result in rej rs, schools, and perso y release said organiza his form does not indic if hired, the employmen party and that no pron	to the foregoing questions are at any false information, omis ection of my application or dons named herein to give informations or persons from liability cate that there are any position of the relationship between mysenises, guarantees, obligations reated by this application for	nd the stateme ssions, or misi ischarge at an rmation regard ty or damages on openings an elf and Tener's s, or contacts	ents made by me are for representation of facts y time during my emp ling me, whether or n whatsoever for issuin nd does not in any wa Western Outfitters si of employment, eithe	iull and true to the best called for in this a soloyment. I voluntariot such informationing this information, by obligate the comphall be terminable arexpressed or impli	est of my pplication or any ily authorize my is a part of their It is understood pany. I understand t the will and	
APPLICANT SIG	GNATURE:				DATE:/_	1	