

EMPLOYMENT APPLICATION



PUREMERCH
2991 INTERSTATE PARKWAY
BRUNSWICK, OH 44212

CONTACT INFORMATION

FULL NAME

EMAIL ADDRESS

STREET ADDRESS 1

STREET ADDRESS 2

CITY

STATE

ZIP

PHONE

FACEBOOK URL

TWITTER URL

OTHER URL

OTHER URL

PERSONAL INFORMATION

ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED IN THE UNITED STATES? (PROOF OF ID AND ELIGIBILITY WILL BE REQUIRED UPON EMPLOYMENT):

YES ☐ NO ☐

ARE YOU AT LEAST 18 YEARS OR OLDER? (IF NO, YOU MAY BE REQUIRED TO PROVIDE AUTHORIZATION TO WORK):

YES ☐ NO ☐

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR WHICH RESULTED IN IMPRISONMENT WITHIN THE LAST SEVEN YEARS?
(A CONVICTION WILL NOT NECESSARILY RESULT IN THE DENIAL OF EMPLOYMENT):

YES ☐ NO ☐

IF YES, PLEASE EXPLAIN

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?

YES ☐ NO ☐

IF YES, PLEASE PROVIDE DETAILS (WHERE / WHEN / JOB TITLE):

CAN YOU PERFORM ALL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMMODATION?:

YES ☐ NO ☐

IF NO, PLEASE EXPLAIN



EMPLOYMENT DESIRED

TYPE OF EMPLOYMENT DESIRED (CHOOSE ALL THAT APPLY)

☐ FULL TIME ☐ PART TIME ☐ SEASONAL

WHEN ARE YOU AVAILABLE TO START?

ARE YOU CURRENTLY EMPLOYED?

YES ☐ NO ☐

IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER?

YES ☐ NO ☐

IF PRESENTLY EMPLOYED, WHAT IS THE REASON YOU ARE CONSIDERING LEAVING?

EDUCATION

GIVE RECORD OF ALL HIGH SCHOOLS, COLLEGES, UNIVERSITIES AND VOCATIONAL / TECHNICAL SCHOOLS YOU HAVE ATTENDED.

SCHOOL NAME	DEGREE / CERTIFICATE RECEIVED	AREA OF STUDY / MAJOR
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SPECIAL COURSES OR SEMINARS?

IF YOU HAVE COMPLETED ANY COURSES, SEMINARS, OR EVENTS THAT WOULD HELP YOU PERFORM THIS POSITION, DESCRIBE:

SPECIAL SKILLS?

SKATEBOARDING? CHESS MASTER? SINGING? RAPPING? ARTISTRY?

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EMPLOYMENT HISTORY

GIVE YOUR FULL EMPLOYMENT RECORD, STARTING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT.

COMPANY NAME

COMPANY ADDRESS

SUPERVISOR'S NAME

DATES OF EMPLOYMENT

COMPANY PHONE NUMBER

REASON FOR LEAVING

COMPANY NAME

COMPANY ADDRESS

SUPERVISOR'S NAME

DATES OF EMPLOYMENT

COMPANY PHONE NUMBER

REASON FOR LEAVING

COMPANY NAME

COMPANY ADDRESS

SUPERVISOR'S NAME

DATES OF EMPLOYMENT

COMPANY PHONE NUMBER

REASON FOR LEAVING

REFERENCES

PLEASE PROVIDE THREE REFERENCES (NOT RELATIVES).

NAME

RELATIONSHIP

PHONE NUMBER

AUTHORIZATION

The facts set forth in this application and any supplemental information is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for immediate discharge. I hereby authorize investigation of all statements contained herein and employers listed above to give you any and all information concerning my employment, and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the company to hire me. If I am hired, I understand that either the company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the company has the authority to make any assurance to the contrary.

I understand that I am required to abide by all rules and regulations of the company.

SIGNATURE

DATE