

EMPLOYMENT APPLICATION

Target Center is an equal opportunity employer. We encourage all qualified individuals to apply for employment. If you require accommodations to complete the application, testing or interview process, please contact the Human Resources Department.

(PLEASE PRIN	T)		DATE				
Name:							
	Last		First	N	Middle		
Business/Mobile Telephone: ()			Home Telephone:()			 	
Present Address	s: Number						
	Number	Street	City	State	Zip		
Permanent Addr	ress if different from	present address:					
	Number	Street	City	State	Zip	· · · · · · · · · · · · · · · · · · ·	
EMPLOYMEN	T DESIRED						
Referral Source	:						
Position applyin	ng for:						
Regula		······				□ No	
•)			□ No	
What days and	hours are you avail	able for work?					
	•	•	e will you be available? To				
FromTo						□No	
If hired, on what	t date can you start	•				□ No	
PERSONAL IN	NFORMATION						
Have you ever a lf yes, when? _	applied to work for T	arget Center?			□ Yes	□ No	
Do you have any friends or relatives working for Target Center?							
•		·			☐ Yes	⊔ N0	
Are you at least	18 years of old?			Yes	□ NO		
Do you have the	e legal right to work	n the United States?	egal minimum legal age.)		□ No		
(Note: Proof of ide	entity and legal author	ty to work in the United	States is a condition of emr	Novment)			

•	of a crime other than a traffic violation? of the crime(s), when and where convicted			□ Yes □ No	
Note: A conviction will not automatical	ly disqualify you for employment. Each case will be i	ndividually considered bas	ed on specific facts		
		-			
	ent employer?			□ Yes □ No □ Yes □ No	
roo, may wo contact your our	on on proyor				
School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma	
Junior High					
High School					
College / University					
Vocational / Business					
Other					
f yes, which language(s)? Oo you have any other experie	speak English. Do you speak, write, or un	·			
ork for Target Center? If so,	please explain				
EMPLOYMENT HISTORY					
·	employment starting with your most recerion even if attaching a resume. If addition			,	
lame of Employer:					
elephone: ()	Your Supervisor's Name	e:			
our Position and Duties:					
ates of Employment: From:_	To:				
tarting Pay:	Ending Pay	y:			
lay we contact this employer?			[Yes □ No	
Reason for Leaving:					

Name of Emp	loyer:		····	
Type of Busines	ss:			
Telephone: ()	Your Supervisor's Name:		
Your Position a	and Duties:			
Dates of Emplo	oyment: From:	To:		
Starting Pay:		Ending Pay:		
May we contact	t this employer?		□ Yes	□ No
Reason for Lea	aving:			
Name of Emp	loyer:			
		Your Supervisor's Name:		
Your Position a	and Duties:			
		To:		
Starting Pay:		Ending Pay:		
May we contact	t this employer?		□ Yes	□ No
Reason for Lea	aving:			
Name of Emp	lover:			
		Your Supervisor's Name:		
		· · · · · · · · · · · · · · · · · · ·		
		To:		
		Ending Pay:		
May we contact	t this employer?		□ Yes	□ No
Reason for Lea	aving:			
Have you ever	been terminated of	or asked to resign your job? If yes, please explain:		
	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·			
Please identify	and explain all pe	riods of unemployment over the past ten (10) years:		
From:	To:	Reason:		
From:	To:	Reason:		

MILITARY SERVICE Have you obtained any special skills or abilities as the result of service in the military?..... □ Yes □ No If so, please describe: **REFERENCES** Please list below three persons not related to you, who have knowledge of work performance within the last three (3) years: Name:______Occupation:_____ Address: Telephone: (___)_____Number of Years Acquainted:_____ Name:______ Occupation:_____ Address: Telephone: () Number of Years Acquainted: Name:_____Occupation:____ Address: Telephone: (___)______ Number of Years Acquainted:______ **ACKOWLEDGEMENT** Please read carefully, initial each paragraph, and sign below. I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I futher certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification or omission of information on this application or any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery. I hereby authorize the Company to thoroughly investigate the information on my application, my references, work record, education and other matters related to my suitability for employment and, futher, authorize the references I have listed to disclose to the Company 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 other persons or entities from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures. The Company adheres to a policy of AT-WILL employment which means that each employee and the Company each retain the right to terminate the employment relationship and that the Company retains the right to modify an employee's position or compensation at any time, with or without cause or notice. No one other than the President

has the authority to make any binding promise or enter into any agreement inconsistent with Company's at-will policy and any such agreement must be in writing and signed by both the employee and the President of the Company to be effective. As a condition of employment, all individuals offered employment are required to submit to a pre-employment drug test. Date:_____ Applicant's Signature:____ Rev. 08/07