New Deal, LLC d/b/a Against All Odds

EMPLOYMENT APPLICATION

New Deal, LLC d/b/a Against All Odds is an Equal Opportunity Employer

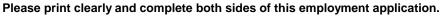
College

Other

Location

Name

Location





Yes ☐ No ☐

Yes 🗌 No 🗌

2

3

Last Name			First Nan	ne		Midd	dle Initial	D	ate	
									1	1
Address				City		→	S	l L State	Zip Code	•
				1 📑						
Home Phone N	lumber	Mobile	Phone Number		Ema	I Address	<u> </u>			
()	-	() -							
Are you 18 yea	ars of age or older								Yes 🗌	No 🗆
	rs or under 18 years		to acquire or in p	ossession of w	orking pa	ers?			Yes 🗌	No 🗌
	is offered, can you	_	-						Yes 🗌	No 🗌
	INFORMATION									
Position Applying for Available for				Availab	Available Start Date De		Desire	sired Pay Rate		
		Full Time	Part Time	Seasonal 🗌		/	/			
Availability	(Please specify)	J L			l <u></u>			- I		
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday		Saturday	/	Every W	eek
-	-	-	-	-		-	-		Yes □	No 🗌
Have very aven	h	l		-l- 0						
If Yes, When	been employed by N	ation, Store Num	_	us ? Position		16	_	lo □ on for Leav	ina	
ii res, when	Where (Loca	ation, Store Num	ber)	Position			Reaso	on for Leav	ilig	
1 1										
Name of a rela	tive(s) or friend(s) e	mployed by New	Deal, LLC.							
Name	., .,		·	Location						
Name				Location	1					
EDUCATION	AND TRAINING									
Туре		Name and I	ocation		Circle N	umber of	Year(s) C	ompleted	Gradi	uated
					0010 11					
	Name									
High School	Location				1	2	3	4	Yes 🗌	No 🗌
	Name									
	Ivaille									

EMPLOYMENT HISTORY

	START WITH YOUR PRESENT OR I	MOST REC	CENT EMPLOYMENT.						
Dates MM/YY	Employer Name and Addre	ess	Position/Supervisor	Reason for Leaving	May we contact your supervisor?				
From	Name		Your Position						
1					Yes No				
То	Address		Supervisor		Phone Number				
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/					() -				
From	Name		Your Position						
1		<u></u>			Yes □ No □				
То	Address		Supervisor		Phone Number				
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<u>'</u>									
From	Name		Your Position		<u> </u>				
/					Yes □ No □				
То	Address		Supervisor		Phone Number				
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	<u></u>								
PROFES	SSIONAL REFERENCES								
Name		Phone Nu	umber	Job Title R	Relationship				
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		<u> </u>	<u> </u>	<u> </u>					
READ CAREFULLY: I certify that the information contained in the application is correct to the best of my knowledge and I understand that my misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damages that may result from furnishing same to you. Applicant's Signature: Date:									
	REVIEW ONLY								
Store Ma	anager (Print Name)		Signature		Date				
					1 1				
DM/ZM (F	Print Name)		Signature		Date				
					/ /				
Date of H	Hire Store #	Positio		Starting Pay F					
Date of 1	ire Store #	FUSILIO	yn		cate				
/	/ /			\$					