



# APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS FULLY

**Corporate Office**  
 1855 S. Centre City Pkwy  
 Escondido, CA 92025

Name - Last		First	Middle Initial
Street Address		City	
State	Zip Code	Telephone	Cell Phone
How Long at Current Address		Social Security Number	
Previous Street Address			
City		State	Zip Code

Position Applying For: \_\_\_\_\_ Salary Expected: \$ \_\_\_\_\_ / per hour

Schedule Desired:  Full Time  Part Time Hours per Week Desired: \_\_\_\_\_

Are there hours, shifts or days you are not available to work?  YES  NO If YES, then when: \_\_\_\_\_

### GENERAL INFORMATION

Do you have any family, business, health or social obligation that would prevent you from:

Working consistently:  YES  NO Working overtime:  YES  NO Lifting up to 40 lbs. on a regular basis:  YES  NO

If yes to any of the above, explain: \_\_\_\_\_

Will you work Sundays:  YES  NO Saturdays:  YES  NO Nights:  YES  NO

Are you under 18 years of age?  YES  NO If YES, date of birth: \_\_\_\_\_ If under 18, after hired, can you provide a work permit:  YES  NO

Have you been previously employed by Stumps or Major Markets?  YES  NO If YES, when and where: \_\_\_\_\_

Through what means were you referred to Major Market: \_\_\_\_\_

### WORK HISTORY: BEGIN WITH YOUR MOST RECENT EMPLOYER FIRST (INCLUDE ANY RELEVANT VOLUNTEER WORK OR UNPAID WORK EXPERIENCE)

From	To	Employer
		Address
Starting Job Title / Final Job Title:		Summarize the Nature of Work and Job Responsibilities
Immediate Supervisor and Title:		
May we contact for References? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If NO, please explain:		
Reason for leaving:		
From	To	Employer
		Address
Starting Job Title / Final Job Title:		Summarize the Nature of Work and Job Responsibilities
Immediate Supervisor and Title:		
May we contact for References? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If NO, please explain:		
Reason for leaving:		
From	To	Employer
		Address
Starting Job Title / Final Job Title:		Summarize the Nature of Work and Job Responsibilities
Immediate Supervisor and Title:		
May we contact for References? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If NO, please explain:		
Reason for leaving:		

PLEASE EXPLAIN FULLY ANY GAPS IN YOUR EMPLOYMENT HISTORY: \_\_\_\_\_

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB?  YES  NO IF YES, please explain circumstances: \_\_\_\_\_

HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST TWO YEARS EXCLUDING TIME OFF DUE TO A WORK RELATED INJURY, PROTECTED LEAVE OF ABSENCE, PAID HOLIDAYS, VACATION OR CIVIC OBLIGATIONS SUCH AS JURY DUTY?  
Year \_\_\_\_\_ Number of Days \_\_\_\_\_ Year \_\_\_\_\_ Number of Days \_\_\_\_\_

PLEASE IDENTIFY ANY POTENTIAL LIMITATIONS REGARDING YOUR METHOD OF TRANSPORTATION TO AND FROM WORK: \_\_\_\_\_

NAME ANY FRIENDS OR INDIVIDUALS YOU KNOW WHO ARE PRESENTLY EMPLOYED BY STUMPS OR MAJOR MARKET: \_\_\_\_\_

AFTER EMPLOYED, CAN YOU FURNISH DOCUMENTATION PROVIDING THE LEGAL RIGHT TO REMAIN AND WORK IN THE UNITED STATES?  YES  NO

DESCRIBE ANY PREVIOUS OR SPECIAL TRAINING RELEVANT TO THE JOB YOU ARE APPLYING FOR: \_\_\_\_\_

**EDUCATION**

SCHOOL NAME	LOCATION	GRADUATE?	DEGREE / DIPLOMA	MAJOR / MINOR	GPA
HIGH SCHOOL					
COLLEGE 1					
COLLEGE 2					
BUSINESS / TECH					
OTHER					

LIST EXTRA CURRICULAR ACTIVITIES, HOBBIES, ACADEMIC AWARDS, HONOR SOCIETIES, ETC. (Omit those indicating race, creed, color, sex, age, handicap, national origin or other protected group).  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING!**

I certify that the information given in this application is true and complete to the best of my knowledge and that I have not knowingly omitted any information that may impact the employment decision. I understand that the information may be verified and I hereby authorize investigations of any of the statements in this application for employment. I hereby release my present employer or past employers from all liability and damages whatsoever arising from the release of any and all information regarding my employment. If I am employed, in consideration of my employment, I agree to abide by all the rules and policies of the Company, I also agree that the duration of my employment will not be for any specified time and may be terminated by me at will or that of the Company, with or without cause, and with or without notice, at anytime.

I agree to take a physical examination when requested, as a condition of employment. I also understand Stump's / Major Market's policy against the use of illegal drugs. I agree to take a drug test when asked (this test will be paid for by Stumps / Major Market).

I agree to submit to the examination of my locker, lunch container, tool kit, automobile or other personal articles, if requested by the Company representatives. I further agree to abide by all posted rules of Stumps / Major Market.

I understand that false or misleading information given in my application or interview(s) may result in my not being hired, or if hired, discharged from employment.

I declare under penalty of perjury that all the foregoing is true and correct.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Do Not Write Below This Line - For Supervisor's Use Only)

STORE # OR DEPT. \_\_\_\_\_  NEW ASSOCIATE  REHIRE STATUS:  Full-Time  Part-Time POS./TITLE: \_\_\_\_\_

STARTING PAY: \$ \_\_\_\_\_ STARTING DATE: \_\_\_\_\_ REFEREED BY: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_