



# APPLICATION for EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

DATE: \_\_\_\_\_

STORE: \_\_\_\_\_

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS (if different): \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RELATIVE IN OUR EMPLOY: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

EVER EMPLOYED by or APPLIED to G&S (where/when?): \_\_\_\_\_

ARE YOU A U.S. CITIZEN OR AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS?: \_\_\_\_\_

THE STATE OF COLORADO REQUIRES THAT YOU ARE AT LEAST 21 YEARS OF AGE TO SELL TOBACCO & LIQUOR. DO YOU MEET THIS REQUIREMENT? ( <https://sbq.colorado.gov> ) YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ IF SO, MAY WE CONTACT YOUR EMPLOYER? \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ START DATE: \_\_\_\_\_ DESIRED SALARY: \_\_\_\_\_

DO YOU PREFER FULL OR PART TIME? \_\_\_\_\_ HOW MANY HOURS and/or DAYS: \_\_\_\_\_

AVAILABILITY BY DAY						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

SCHOOL	NAME & LOCATION	MAJOR SUBJECTS
HIGH SCHOOL		
COLLEGE		
OTHER (specify)		
SPECIAL STUDY or TRAINING		

ACTIVITIES (civic, athletic, etc): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MONTH & YEAR from to		NAME & ADDRESS of EMPLOYER		POSITION	REASON for LEAVING

REFERENCE NAME	ADDRESS	PHONE	YEARS ACQUAINTED

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_