Application for Employment

Hirshfield's, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state or provincial law.

Please complete entire application to ensure processing

Personal Information (Please print	Name:							
Last	First Middle Apt. City		Email address State Zip Pl			Today's Date			
Address						P	Phone		
Are you under 18 years of	age? 🗌 Y	es 🗌 No							
Can you provide proof, if h	nired, that yo	u are eligible to w	ork in th	ne United	States?	es [] No		
How did you learn about th	nis position?								
Education:	Education: Name and City of School		Last Year Completed			Did you graduate?	Subjects Studied and Degree(s) received		
High School				☐ 10 ☐ 11 ☐ 12			☐Yes ☐ No		
GED				<u> </u>	2 3 5]4	☐Yes ☐ No)	
College				<u> </u>	23]4	Yes No		
Post College				<u> </u>	23]4	☐Yes ☐ No)	
Trade, Business, or Correspondence School				1	23]4	☐Yes ☐ No		
Employment Desired	(If you are a	pplying for a reta	il hourly	position,	please keep in r	mind t	hat availability fo	or hours may v	ary.)
Specify hours Available for each day of the week.	londay	Tuesday	Wedr	nesday	Thursday		Friday	Saturday	Sunda
Salary Desired:		Date you can star	t:		Are	you a	able to work over	time?	s 🗌 No
Have you ever worked for	· Hirshfield's	?	If yes,	when?		w	/hich location?		
Position desired:			[] Full Tim	e 🔲 Part Time	e Loca	ation		
List skills relevant to the p	osition appl	ed for:							
Years of Customer servic	e experience	9:							
Describe a specific situati effective?	on where yo	u have provided	exceller	nt custom	er service in you	ır mos	t recent position	. Why was this	3
		Essential	l functi	ions of r	nost retail job	s:			
Can you occasionally lif	t 60 lbs?] Yes 🗌 No		Can yo	u frequently lift	20 lbs	? 🗌 Yes 🗌 N	lo	
Can you differentiate be	etween color	s? 🗌 Yes 🗌 N	lo	Can yo	u communicate	verba	lly and in writing	clearly?	Yes 🗌 No

Employment History

List below current and last three employers, starting with most recent one first. Please include any non-paid volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume.

which is related to the jo	o for willen you are appryin	ig. Flease complete eve	en ir you attacii	a resume.			
From:	Employer	Salary or hourly rate	Position		Reason for leaving		
To:							
Duties performed							
Supervisor's Name:	Phone Number			May we contact employer? Yes No			
From:	Employer	Salary or hourly	Position		Reason for leaving		
To:	Employer	rate	rosition		Reason for leaving		
Duties performed							
Supervisor's Name:		Phone Number			May we contact employer? ☐ Yes ☐ No		
From:	Employer	Colory or hourly	Position		Descen for leaving		
	Employer	Salary or hourly rate	Position		Reason for leaving		
To: Duties performed							
Buttes performed							
Supervisor's Name:	Phone Number		May we contact employer? ☐ Yes ☐ No				
		Applicant's State	ment				
employment with Hirshfie resumes, is true and complete disqualify me from consider release and hold harmless, background. I understand that, if hired, duration and is terminable not, and is not intended to reside in the United States offer of employment. I understand the united states of the united st	be, a contract. I agree to promptly and no later than	on nor participation in that the information pro- ledge. I also agree that result in my terminated lamages from anyone pro- collective bargaining ur resent proof of US citizen 3 business days upon	he hiring proce vided on this ap any false inform on, if discovered providing informanit, my employ or without reason enship, or docu- first day of em- les and practice	oplication, and mation or sign d any time after action to Hirsh when the is not for or notice. It imentation of a ployment, and s and policy experience of the control of t	accompanying letters or hificant omissions may er my employment date. I hfield's, Inc. about my		
Signature of Applicant				Date			
Store:		RTMENT MANAGE ew: Yes No		ed by			
If no, why not?							
Employed: Yes No	First Day of Emp	oloyment:		Department			
☐ Full Time ☐ Part Tir	ne Job Title			_ Rate o	of Pay		
Manager's signature				Date			

VOLUNTARY APPLICANT IDENTIFICATION AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

Name	Phone
Addr	<u> </u>
Job A	blied for or your specific skill area:
to en Vietr	law requires us to ask for this information. Please sign and return this form even if you do not answer. Its purpose is re equal opportunity, and evaluate our good-faith recruiting efforts to attract ethnic minorities, women, veterans of the n ear, and persons with disabilities. Hiring is based on qualifications. Quotas or preferences based on sex, race or y are prohibited by law.
respo	te you to VOLUNTARILY identify yourself in the categories below, now or at any time in the future. You are not required to . If you decline, it will not subject you to adverse treatment. This is NOT part of your application file, it is confidential*, and used in conformance with the law.
1.	Gender: Male Female
2.	Ethnic and Racial background (Please answer both a. and b. if applicable)
	a. Hispanic or Latino? () Yes () No
	b. Racial Background – Non-Hispanic
()	American Indian/Alaska Native () Asian, Asian American () Black, African American
()	Hawaiian/Pacific Islander () White/Caucasian () 2 or more races, non-Hispanic
3. Ve	ran Status – Check all that apply:
	() Eligible or Protected Veterans – Check here if you are a recently separated veteran, other protected veteran, or an Armed Forces service medal veteran. "Other protected veteran" means "veterans who have served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized" () Disabled Veteran – (1) A veteran who is entitled to compensation (who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.
4. Di	pility Status
	() Disabled – If you have a physical, sensory or mental impairment which substantially limits one or more of your major life activities, have a record of or are regarded as having such impairment. It would also assist us if you would tell us about any special methods, skills or procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind.
Pleas	Sign here: Date:
	ers may be informed about restrictions on the work duties of persons with disabilities or on facts needed for accommodations, or emergency treatment. Government officials may also review this.
Emp	ver Use Only:
	Group Job Group If current opening, Job Applied for: ry: Code: