



# Homemakers™

FURNITURE, MATTRESSES & ACCESSORIES

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**PLEASE PRINT**

Position Applying For	Date of Application
How did you learn about the <b>Homemakers</b> opportunity? <input type="checkbox"/> Walk – In <input type="checkbox"/> Homemakers Website	
<input type="checkbox"/> Employee Referral – Name of employee _____	
<input type="checkbox"/> Other (website) _____ Email Address: _____	

Last Name	First Name	Middle Initial	
Address	City	State	Zip
Home Telephone Number _____-_____-_____	Cell Telephone Number _____-_____-_____	Best time to contact you is: _____:____ AM or PM <input type="checkbox"/> Cell or <input type="checkbox"/> Home number	

Have you ever been employed with **Homemakers, WoodMarc or any Berkshire Hathaway Inc.?**  Yes  No

If yes, give date(s) and location \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  Yes  No  
If yes, state name and relationship. \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you authorized to work in the United States?  Yes  No

Do you anticipate the need for assistance obtaining a work Visa or lawful permanent resident status?  Yes  No

Are you available to work:  Full Time  Part Time (Please indicate  Mornings  Afternoon  Evenings)

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Salary Desired \$ \_\_\_\_\_

Can you travel if a job requires it?  Yes  No

EDUCATION				
School	Name/City/State of School	Course of Study	Years Completed	Diploma/ Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____
Undergraduate College				<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____
Graduate/ Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____

### WORK EXPERIENCE

Start with your present or last job; you may include any job-related military service assignments and volunteer activities.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been convicted of a felony?  Yes  No Date: \_\_\_\_\_  
(The conviction may be relevant if job-related but does not necessarily bar you from employment.)

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

List professional, trade, business or civic activities and offices held.

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

**SPECIALIZED SKILLS (X Skills/Equipment Operated)**

_____ PC/MAC	_____ Spreadsheet	Telecommunications	Other (list)
_____ Typewriter	_____ Word Processing	Equipment	_____
_____ 10 Key	_____ Windows	_____	_____
	_____ Internet	_____	

State any additional information you feel may be helpful to us in considering your application

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No

**APPLICANT'S STATEMENT**

I certify that all of the information provided by me on this application or an attached resume is true and complete.

I understand that employment will be contingent upon successfully passing a pre-employment drug screen and background check. I authorize investigation and verification of all statements contained in this application and/or resume for employment as may be necessary in arriving at an employment decision. I release the reporting companies from any liability resulting from the verification process of my application for employment.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application, resume or interview(s) may be grounds for my discharge from employment when ever discovered. I understand that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date