



P.O. Box 385, Pago Pago, Am. Samoa  
 96799  
 (684) 699-9770

**APPLICATION FOR EMPLOYMENT**

*AN EQUAL OPPORTUNITY EMPLOYER*

NAME - LAST	FIRST	MIDDLE	POSITION DESIRED	SOCIAL SECURITY NUMBER	TODAY'S DATE:
					DATE AVAILABLE
					TO WORK:
P.O. BOX	VILLAGE	TELEPHONE	CELL PHONE	EMAIL ADDRESS	DO YOU WISH TO WORK:
					FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>
					SEASONAL <input type="checkbox"/>

PLEASE INDICATE DAYS YOU ARE AVAILABLE TO WORK:

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>
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EDUCATION				SKILLS	
NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	MAJOR COURSES	GRADUATED OR DEGREE	<input type="checkbox"/> POS MACHINE	<input type="checkbox"/> ELECTRICAL
HIGH SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> KEY CUTTING MACHINE	<input type="checkbox"/> PLUMBING
COLLEGE			LIST DEGREE	<input type="checkbox"/> PAINT MIXING MACHINE	<input type="checkbox"/> BUILDING CONSTRUCTION
GRAD. SCHOOL				<input type="checkbox"/> WORD PROCESSING	<input type="checkbox"/> PERSONAL COMPUTER
OTHER				<input type="checkbox"/> OTHER SKILLS: _____	

**EMPLOYMENT HISTORY**

GIVE NAMES AND ADDRESSES OF ALL PREVIOUS EMPLOYERS. IF YOU ARE NOW WORKING, PRESENT EMPLOYER AND REASON FOR DESIRE TO QUIT MUST BE INCLUDED.

ALSO GIVE REASON FOR ANY LAPSE OF TIME BETWEEN JOBS. **MAY WE CONTACT YOUR CURRENT EMPLOYER?:**  YES  NO

EMPLOYER (LATEST FIRST)	DATES EMPLOYED	EARNINGS HISTORY	TITLE AND DUTIES	REASON FOR LEAVING
NAME	FROM	START		
ADDRESS	TO	FINAL		
CITY/STATE/ZIP				
TELEPHONE	SUPERVISOR			
NAME	FROM	START		
ADDRESS	TO	FINAL		
CITY/STATE/ZIP				
TELEPHONE	SUPERVISOR			

MILITARY SERVICE	BRANCH	FINAL RANK/GRADE	SPECIALTY/MOS	RESERVE STATUS
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HAVE YOU EVER BEEN EMPLOYED BY OUR COMPANY?  YES  NO IF YES, WHEN \_\_\_\_\_

DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY OUR COMPANY?  YES  NO IF YES, PLEASE STATE PERSON'S NAME \_\_\_\_\_

**GENERAL INFORMATION**

HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A FELONY?  YES  NO IF YES, GIVE FULL DETAILS. (CONVICTION WON'T NECESSARILY DISQUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING.) \_\_\_\_\_

IF HIRED, CAN YOU FURNISH PROOF OF AGE?  YES  NO IF, HIRED, CAN YOU FURNISH PROOF THAT YOU ARE LEGALLY ENTITLED TO WORK IN AMERICAN SAMOA?  YES  NO

HOW DID YOU HEAR OF OUR COMPANY?  EMPLOYEE REFERRAL \_\_\_\_\_  OWN ACCORD  ADVERTISING  
 NAME OF EMPLOYEE \_\_\_\_\_

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR THE WORK WITH THE COMPANY? \_\_\_\_\_

CAN YOU LIFT AT LEAST 50 POUNDS?  YES  NO

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_ VILLAGE: \_\_\_\_\_

**APPLICANT'S STATEMENT**

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW:**

**This application is considered current for 60 days. If you want to be considered for employment after this time you must renew your application in writing.**

I certify that the information contained in this application and/or any supplement thereto, is correct to the best of my knowledge and understand that any mis-statement or omission of information is grounds for dismissal in accordance with Company Policy. I authorize Ace Hardware to contact my current or prior employers and/or the above references and request any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I expressly release Ace Hardware and all parties providing such information from any and all liability or responsibility for damage that may result from furnishing the same to you.

If I am offered a position with the Company, I agree to conform to the applicable rules, regulations and policies of the Company, and acknowledge that my employment and compensation can be terminated at any time with or without cause, and with or without notice, at the option of either the Company or myself. I further understand that no representative of the Company has any authority to make any agreement contrary to the foregoing or to bind the Company for the employment of any person for any specified period of time.

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

*You must fill out your own application and fully complete this application in order to receive proper consideration. You may attach a resume in addition to this application.*