



APPLICATION FOR EMPLOYMENT

As part of the application process, Living Spaces Furniture may conduct background checks on applicants.

Equal Opportunity Employer. It is our policy to abide by all federal, state, and local laws prohibiting employment discrimination based solely on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, physical disability, mental disability, age, military status, or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender (including sex stereotyping and gender identity or expression), medical condition (including but not limited to, cancer related or HIV/AIDS related), sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

-- PLEASE TYPE OR PRINT IN INK --			Today's Date	
Name				
Home Address			How long at current address?	
City		State	Zip	County
Daytime Telephone ()		Home Telephone ()		Email Address
Position for which you are applying			What is your minimum salary requirement?	
Check the following options you would consider <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			If part time, specify hours or days available	
Do you have any commitments to another employer that might affect your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:				
Date available for work?	Are you available to work weekends and evenings?		Are you available to work overtime?	

EDUCATION & TRAINING

	School Name	City & State	Major Course of Study	Degree/Diploma Received?
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No
List any other education, training, special skills or certificates/licenses that you possess related to the job				
Professional License/Certification #		Professional License/Certification Type		Issuing Agency
State Issued		Expiration Date		
List any machines, equipment or software programs on which you are qualified and experienced in operating.				
List any languages you speak fluently			List any languages that you read/write fluently	
If you are applying for a position which involves driving a motor vehicle in the course and scope of the employment duties, please indicate whether you have a valid drivers license in this state.				<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

APPLICANT NAME _____

Can you, after employment, submit verification of your legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 16 years old or over? If under 18, state age.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you previously employed by Living Spaces Furniture? If Yes, give dates. From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential functions of the position, with or without a reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any relatives or friends working at Living Spaces Furniture	

CRIMINAL RECORD INFORMATION

Instructions for answering the next two questions below:

- A. All California Applicants.
 1. Do not include convictions that were sealed, eradicated, erased, annulled by a court, expunged, pardoned, or deferred and withdrawn.
 2. Do not include: a misdemeanor conviction for possession or transportation of a small amount of marijuana (28.5 grams or less) if the conviction is more than two (2) years old; participation in any pre-trial or post-trial diversion program for drug or alcohol rehabilitation; or a misdemeanor conviction for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.

Convictions/Pleas. In the past seven (7) years, have you ever been convicted of, or pled guilty or not contest to, any criminal offense other than any applicable exceptions listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pending Charges. Have you been arrested for any matters for which you are not out on bail or on your own recognizance pending trial?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal Records: If you answered Yes to either of the above two questions, please provide the date(s) and describe that criminal record so that the individual circumstances can be considered. Criminal convictions or arrests will not automatically disqualify an applicant from employment.	

ADDITIONAL INFORMATION

Please include any other information that you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, or honors received, etc. You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.

EMPLOYMENT HISTORY

APPLICANT NAME _____

List all work experience beginning with the present or most recent job. Use back of the application, if necessary.

Most Recent Job Held	Name of Employer		Type of Business		
	Address		City	State	Zip
	Name and Title of Supervisor			Telephone Number ()	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temp		Dates of employment From: To:	
	Brief Description of Duties				
	Reason for Leaving?		Last Salary or Hourly Rate? \$		

Previous Employment	Name of Employer		Type of Business		
	Address		City	State	Zip
	Name and Title of Supervisor			Telephone Number ()	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temp		Dates of employment From: To:	
	Brief Description of Duties				
	Reason for Leaving?		Last Salary or Hourly Rate? \$		

Previous Employment	Name of Employer		Type of Business		
	Address		City	State	Zip
	Name and Title of Supervisor			Telephone Number ()	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temp		Dates of employment From: To:	
	Brief Description of Duties				
	Reason for Leaving?		Last Salary or Hourly Rate? \$		

Previous Employment	Name of Employer		Type of Business		
	Address		City	State	Zip
	Name and Title of Supervisor			Telephone Number ()	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temp		Dates of employment From: To:	
	Brief Description of Duties				
	Reason for Leaving?		Last Salary or Hourly Rate? \$		

AGREEMENT (Please read the following statement carefully.) **APPLICANT NAME** _____

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application or in the application process may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Living Spaces Furniture any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Living Spaces Furniture, from liability for any damage that may result from furnishing same to Living Spaces Furniture.

I understand that Living Spaces Furniture agrees to provide workers compensation insurance coverage for all its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Living Spaces Furniture workers' compensation insurance policy.

If employed by Living Spaces Furniture, I agree to abide by the policies and procedures of Living Spaces Furniture, which include Living Spaces Furniture Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause, at any time at the discretion of Living Spaces Furniture or myself. I further understand that no manager or representative of Living Spaces Furniture other than the CEO/President of Living Spaces Furniture has any authority to enter into any agreement, oral or written, on behalf of Living Spaces Furniture for a term of employment or to make any assurance or promise of continued employment.

I understand that Living Spaces Furniture may obtain a consumer and/or investigative report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for termination, and information as to character, general reputation, personal characteristics, or mode of living. The report may also contain records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing the application, I authorize the procurement of a consumer and/or investigative consumer report by Living Spaces Furniture as part of the pre-employment background investigation and if hired, at any time during my employment.

All California Applicants: I further understand that Living Spaces Furniture may obtain Public Records about me as part of an internal background investigation and that I may waive my right to receive a copy of such Public Records by checking this box:

I understand and agree that, subject to applicable law, I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test results to Living Spaces Furniture. I understand that any positive drug or alcohol result may preclude me from employment.

SIGN AND DATE THE FORM

Applicant's Signature -----	Print Applicant's Full Name
	Date Signed