



Louie's Home Center, INC, Fallon, NV, 89406
775-423-7008

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

Check out the website:
www.acehardwarejobs.com

Or call: 1-866-WKR4ACE

NAME - LAST	FIRST	MIDDLE	POSITION DESIRED	SOCIAL SECURITY NUMBER	TODAYS DATE: DATE AVAILABLE:
ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER	Do you wish to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/>
Please indicate hours you are available to work:					
Monday		Tuesday		Wednesday	
Thursday		Friday		Saturday	
Sunday					

EDUCATION				SKILLS	
NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	MAJOR COURSE(S)	GRADUATED OR DEGREE	<input type="checkbox"/> POS MACHINE	<input type="checkbox"/> ELECTRICAL
HIGH SCHOOL			YES NO	<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. Additional paper will be provided upon request. 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 CITY/STATE/ZIP	TO	FINAL		
TELEPHONE	SUPERVISOR			
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP	TO	FINAL		
TELEPHONE	SUPERVISOR			
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP	TO	FINAL		
TELEPHONE	SUPERVISOR			
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP	TO	FINAL		
TELEPHONE	SUPERVISOR			

(Complete Other Side)

MILITARY SERVICE	BRANCH	FINAL RANK/GRADE	SPECIALTY/MOS	RESERVE STATUS
Have you ever been employed by our Company? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN	WHERE	
Do you have any relatives employed by our Company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please state person's name, job, and employment location. _____				

GENERAL INFORMATION

Have you ever been convicted or pleaded 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 you are legally entitled to work in U.S.? YES NO

How did you hear of our Company? Employee Referral _____ Own Accord Advertising Agency _____ _____
name of employee name other

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Company?

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW.

This application is considered current for 90 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. I further understand said background check may also involve the Company's obtaining an investigative consumer report on me which may cover such areas as my character, general reputation and mode of living. I hereby authorize the Company, if they wish, to make such an inquiry and understand that upon my written request, additional information as to the nature of said inquiry will be provided.

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 in your own application and fully complete this application in order to receive proper consideration.



CIVIL NAME CHECK
BACKGROUND WAIVER
AUTHORIZATION AND RELEASE OF INFORMATION

In consideration for processing my application for employment or volunteer services, I, _____ the undersigned, whose name and personal identification information voluntarily appear below, do hereby and irrevocably agree to the following:

- 1. I hereby authorize the Nevada Department of Public Safety, the Las Vegas Metropolitan Police Department and any other agency of criminal justice, to search for and release criminal history record information to the authorized participant named below. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agencies. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons, and current and/or prior gaming and non-gaming sheriffs work cards that were issued to me.
2. In giving the authorization outlined herein, I understand all information provided may be reviewed by the authorized participant and/or any other eligible person authorized pursuant to Nevada Revised Statute Chapter 179A, in order to make an informed hiring decision. This information is confidential, and may not be further disseminated without my expressed written permission or an order from a court of law having jurisdiction. _____ (date and initial)
3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the authorized participant, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety upon request.
4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the requestor for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

PERSONAL IDENTIFICATION INFORMATION:

Name: _____ (LAST) (FIRST) (MIDDLE)

Any Other Name used: _____ (LAST) (FIRST) (MIDDLE)

Date of Birth: _____ Social Security Number: _____ Sex: _____

Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Authorized Participant: _____

Applicants Signature: _____

Applicants Physical Address: _____

Date: _____