



Twins Ace Hardware
 10310-B Main St.
 Fairfax, VA 22030
 (703) 359-4703
 info@twinsacehardware.com

Applicant Information

Full Name: _____ Date: / /
Last First M.I. mm / dd / yyyy

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: () - _____ E-mail Address: _____

Date Available: _____ Social Security No.: - - - - - Desired Salary: \$ _____

Position Applied for: _____

Please indicate hours you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

Additional Skills or Training

<input type="checkbox"/> Point of Sale workstation/ Cash Register	<input type="checkbox"/> Paint Mixing Equipment
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Electrical
<input type="checkbox"/> Key Cutting Machine	<input type="checkbox"/> Building Construction

Other Skills Explain: _____

Previous Employment

Company: _____ Phone: () - _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () - _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () - _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____
If submitted electronically applicant must sign and date the application prior to employment.