

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS FULLY

National Stores Inc • J & M Sales
 J & M Sales of Texas • FP Store
 15001 S. Figueroa St., Gardena, CA 90248
www.fallasstores.com

Names—Last	First	Middle Initial
Street Address, City, State and Zip Code		
Telephone # ()	Cell Phone # ()	Social Security # - -
Email Address:		

HOW WERE YOU REFERRED TO FALLAS/FACTORY 2 U? NEWSPAPER AD EMPLOYEE REFERRAL INTERNET POSTING OTHER

HAVE YOU EVER APPLIED FOR OR BEEN EMPLOYED BY FALLAS/FACTORY 2 U? YES NO IF YES, WHERE AND WHEN? _____

NAMES OF RELATIVES/FRIENDS EMPLOYED BY FALLAS/FACTORY 2 U: _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO IF UNDER 18, CAN YOU PROVIDE A WORK PERMIT IF HIRED YES NO

DO YOU SPEAK A FOREIGN LANGUAGE? YES NO IF YES, WHAT LANGUAGE? _____

AT FALLAS/FACTORY 2 U, A GOOD ATTENDANCE RECORD IS AN IMPORTANT PART OF EVERY ASSOCIATE'S OVERALL PERFORMANCE. DO YOU FORESEE ANY REASON THAT MAY PREVENT YOU FROM COMPLYING WITH OUR ATTENDANCE POLICY? YES NO IF YES, PLEASE EXPLAIN: _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO
 IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED _____

(Notice: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions. Hire may be subject to passing a medical examination and to skill & agility tests)

AVAILABILITY (Note: Shifts may change based on store and business need)

Position Desired		Starting Hourly/Salary Expectation:					Date you can start:	
INDICATE SPECIFIC HRS YOU ARE AVAILABLE TO WORK EACH DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	PREFERRED WEEKLY HOURS
	FROM:	FROM:	FROM:	FROM:	FROM:	FROM:	FROM:	
	TO:	TO:	TO:	TO:	TO:	TO:	TO:	
AVAILABLE TO WORK WEEKENDS/HOLIDAYS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	WILLING TO TRANSFER STORE LOCATION?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
ABLE TO TRAVEL?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	WILLING TO RELOCATE IF NECESSARY?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
ABLE TO WORK OVERTIME?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PREFERRED AREA:				

WORK HISTORY: BEGIN WITH YOUR MOST RECENT EMPLOYER FIRST, (INCLUDE ANY RELEVANT VOLUNTEER OR UNPAID WORK EXPERIENCE).

From	To	Employer	Telephone ()
Starting Job Title / Final Job Title:		Address, City & State	
Immediate Supervisor and Title:		Summarize the Nature of Work Performed and Job Responsibilities:	
May We Contact This Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this Your Current Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason For Leaving:			
From	To	Employer	Telephone ()
Starting Job Title / Final Job Title:		Address, City & State	
Immediate Supervisor and Title:		Summarize the Nature of Work Performed and Job Responsibilities:	
May We Contact This Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this Your Current Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason For Leaving:			

(OVER PLEASE)

EQUAL OPPORTUNITY EMPLOYER BY CHOICE

From	To	Employer	Telephone ()
Starting Job Title / Final Job Title:		Address, City & State	
Immediate Supervisor and Title:		Summarize the Nature of Work Performed and Job Responsibilities	
May We Contact This Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this Your Current Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason For Leaving:			

From	To	Employer	Telephone ()
Starting Job Title / Final Job Title:		Address, City & State	
Immediate Supervisor and Title:		Summarize the Nature of Work Performed and Job Responsibilities	
May We Contact This Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this Your Current Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason For Leaving:			

PLEASE EXPLAIN FULLY GAPS IN YOUR EMPLOYMENT HISTORY _____

PLEASE IDENTIFY ANY POTENTIAL LIMITATIONS REGARDING YOUR METHOD OF TRANSPORTATION TO AND FROM WORK _____

IF HIRED CAN YOU PROVIDE EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO WORK IN THIS COUNTRY? YES NO

EDUCATION:							
NAME & ADDRESS OF SCHOOL	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?		SUBJECT STUDIED DEGREES RECEIVED
HIGH SCHOOL	1	2	3	4	Y	N	
COLLEGE	1	2	3	4	Y	N	
BUSINESS/TECHNICAL/OTHER	1	2	3	4	Y	N	

REFERENCES:		
LIST TWO REFERENCES WHO ARE NOT RELATED TO YOU: (Who have known you for at least (5) five years)		
NAME & ADDRESS	TELEPHONE # ()	YEARS KNOWN
NAME & ADDRESS	TELEPHONE # ()	YEARS KNOWN

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW:

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me to the foregoing questions and statements are true and correct. I hereby authorize National Stores, Inc., J&M Sales, FP Stores, J&M of Texas, Fallas Paredes and Factory 2-U hereafter known as the Company to verify same. I also authorize my former employers and educational institutions to give any information they may have regarding me. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of time elapsed before discovery.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. I understand that if employed and in consideration of my employment, I agree to conform to the rules and regulations of the Company. I also understand that every aspect of my employment with the Company shall be on an at will basis, meaning that I or the Company may terminate my employment at any time, for any reason, with or without cause. I further understand that the Company expressly reserves its inherent authority to manage and control the business enterprise and to exercise its sole discretion to determine all issues pertaining to my employment, including all matters pertaining to promotion, job assignment, and the size of the workforce, demotion, transfer and discipline. I further understand and agree that no one other than the CEO of the Company may modify or change the at will nature of my employment relationship. Any such modifications must be in writing and signed by the CEO of the Company and me to be effective.

APPLICANT'S SIGNATURE: _____

DATE: _____