



Store Support Center  
10101 Linn Station Road, Suite 200  
Louisville, KY 40223

# APPLICATION FOR EMPLOYMENT

*NOTE: This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.*

## GENERAL INFORMATION

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

Position(s) applied for:

- General Manager       Office/Administrative  
 Store Manager       Other \_\_\_\_\_  
 Customer Service Representative

Telephone Number: (      ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Rate of Pay Expected? \$ \_\_\_\_\_

- Applying for:     Full-time     Part-time  
                           First Shift     Second Shift     Third Shift

Overtime availability?  Yes  No

Yes  No Have you ever applied for a position with us?  
If yes, when: \_\_\_\_\_

Yes  No Have you ever been employed with us?  
If yes, when: \_\_\_\_\_

Yes  No Do you have a relative working for Thorntons?  
If yes, state name and relationship: \_\_\_\_\_

Yes  No Have you ever been convicted of a misdemeanor?  
If yes, please explain: \_\_\_\_\_

Yes  No Have you ever been convicted of a felony?  
Please explain: \_\_\_\_\_

Yes  No If employment is offered, can you produce personal  
identification or verification of your legal right to work in the  
United States?

Yes  No Have you ever served in the military?  
Branch of service: \_\_\_\_\_

Discharge date: \_\_\_\_\_

Rank: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

Present membership in National Guard or Reserves:  
\_\_\_\_\_

Date obligation ends: \_\_\_\_\_

## EMPLOYMENT HISTORY

In the following spaces give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment and work back. All information must be complete and verified before employee can be placed on payroll.

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Last position title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Duties, responsibilities, and number you supervised: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Salary: Started: \_\_\_\_\_ Ending: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Last position title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Duties, responsibilities, and number you supervised: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Salary: Started: \_\_\_\_\_ Ending: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Last position title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Duties, responsibilities, and number you supervised: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Salary: Started: \_\_\_\_\_ Ending: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_

## ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

Yes  No May we contact your present employer?  Yes  No Previous employers?  
Please identify any exceptions and reasons for not contacting: \_\_\_\_\_

Yes  No In order to permit a check of your work and education records, should we be made aware of any change of name that you previously used?  
If yes, identify name(s) and relevant date: \_\_\_\_\_

Yes  No Have you ever been dismissed or forced to resign from any employment?  
If yes, please explain: \_\_\_\_\_

Please list any additional information that relates to your ability to perform the job for which you have applied such as other prior employment, skills, licenses, professional certifications/memberships, hobbies, etc. \_\_\_\_\_

## EDUCATIONAL DATA

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NO. YEARS/HRS COMPLETED	DID YOU GRADUATE?
College				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolled
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolled
Vocational				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolled
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolled

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Automobile License Number: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

## APPLICANT'S STATEMENT

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 any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand and agree that I may be required to take a physical examination or drug test as a condition of hiring or continued employment. I agree to consent to take such a test(s) at such time as designated by the Employer and to release the Employer its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s).

I agree to wear the uniform prescribed by the Employer. I acknowledge that Employer policies are accepted by me as a condition of employment.

I understand that my employment is probationary and contingent upon the results of a criminal background check. I also understand that Employer will not employ an applicant that has a conviction or case pending for the following: any felony, degree of theft, drug charge, assault charge, two DUI's or more, breaking or entering, resisting arrest, shoplifting or any weapons charge.

I understand that my employment is terminable at will, that I am not being employed for any specified time, and that this application is not intended to be a contract for continued employment. This application will be considered valid for 30 days after the date of the application unless renewed in person and in writing by the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### IN CASE OF EMERGENCY OR ACCIDENT, whom shall we notify?

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Business Telephone: ( ) \_\_\_\_\_



# Pre-Employment Inquiry Release

In connection with, and duration of my employment (including contract for services) with you, I understand that investigative background inquires are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from Acxiom Information Security Services (AISS), 6111 Oak Tree Blvd, 4<sup>th</sup> floor, Independence, OH 44131, telephone 800.853.3228. These reports will include information as to my general reputation, character, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education and other experiences.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

**Please PRINT clearly in blue or black ink**  
**Fax this form to Stackhouse University at 1-800-570-0340**

**Store Number** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Applicant Name Date of Birth\* Social Security Number

\_\_\_\_\_  
Alias/Maiden Name (s)

\_\_\_\_\_  
Current Address City & State Zip Code

\_\_\_\_\_  
Drivers License # State Prospective Employer/Position Applied For

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Date of Birth is being requested in order to obtain accurate retrieval of records.**

\_\_\_\_\_ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy direct from AISS. California applicants may receive a copy from either the prospective employer or AISS.

**Notice to California Applicants**

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.