



# EMPLOYMENT APPLICATION

Please **PRINT** clearly. To be considered for employment, this Application Form must be completed and signed personally by the applicant. Each question must be answered in full even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

**The Old Brick is an Equal Opportunity Employer.** We consider all applications for all positions without regard to race, religion, creed, color, sex, age, national origin, disability, sexual orientation, gender identity, transgender status or gender dysphoria, marital or family status, pregnancy, military status, veteran status, predisposing genetic characteristics or carrier status, arrest or conviction record, domestic violence victim status, or any other legally protected class or status.

Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process should contact the Administrative Manager or the Store Manager.

<b>BIOGRAPHICAL DATA</b>	Name (First, Middle, Last)		Telephone Number (    )    )			
	Street Address					
	City		State	Zip Code		
	Position Applied For		Date Available To Start Work			
	Are you Available to Work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday (check all that apply)					
	Are you 18 years of age or older?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever submitted an application and/or interviewed for employment with The Old Brick? If yes, give month and year    ___/___/___				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever been employed with The Old Brick before? If yes, give dates    From ___/___/___    To ___/___/___				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If you have had an opportunity to review a job description for the position for which you are applying, are you able to perform the essential functions of this position with or without reasonable accommodation? <i>[Check either: Yes, No, or N/A (I have not had the opportunity to review a job description.)]</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>EDUCATION</b>	<b>Type of School Attended</b>	<b>Name and Location of All Schools Attended</b>	<b>Dates Attended (Month and Year)</b>	<b>Course of Study/Major</b>	<b>Diploma or Degree Obtained, if any</b>	
	High School (If more than 3, provide on separate sheet)	1.		N/A		
		2.		N/A		
		3.		N/A		
	College (If more than 3, provide on separate sheet)	1.		From ___/___ To ___/___		
		2.		From ___/___ To ___/___		
3.			From ___/___ To ___/___			
Other						
<b>SKILLS</b>	List any additional skills, training, or technical/professional knowledge that is relevant to the job for which you are applying:			List any certificates, licenses, or professional achievements that would support your qualifications for employment:		
	Driver's License Identification Number: <i>(Provide the driver's license ID only if driving is a requirement of the position for which you are applying)</i>			State:		

**EMPLOYMENT HISTORY** Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than four jobs, provide this information on another sheet and attach to this Application Form.

**Present or Last Employer**

If current employer, may we contact?  Yes  No

Name of Employer	Phone Number
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Address	Employment Dates (Month/Year)
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Title of Position	Name and Title of Supervisor
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Description of duties, responsibilities and significant accomplishments

Reason for leaving

**Next Previous Employer**

Name of Employer	Phone Number
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Address	Employment Dates (Month/Year)
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Title of Position	Name and Title of Supervisor
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Description of duties, responsibilities and significant accomplishments

Reason for leaving

**Next Previous Employer**

Name of Employer	Phone Number
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Address	Employment Dates (Month/Year)
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Title of Position	Name and Title of Supervisor
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Description of duties, responsibilities and significant accomplishments

Reason for leaving

**Next Previous Employer**

Name of Employer	Phone Number
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Address	Employment Dates (Month/Year)
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Title of Position	Name and Title of Supervisor
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Description of duties, responsibilities and significant accomplishments

Reason for leaving

**REFERENCES (List three references other than relatives)**

Name/Occupation				Phone Number
Address	City	State	Zip	Years Known
Name/Occupation				Phone Number
Address	City	State	Zip	Years Known
Name/Occupation				Phone Number
Address	City	State	Zip	Years Known

**CONVICTION RECORD STATUS**

All applicants and employees must, as a condition of employment, inform the organization of all convictions. This includes all convictions while your application is pending, and within seven days of receiving a conviction if currently employed.

Have you ever been convicted of, and/or plead guilty to, a felony or misdemeanor?  Yes  No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. **Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the organization.** Factors that will be taken into account include the nature of the conviction as it relates to the job applied for, the amount of time that has elapsed since the conviction and/or completion of sentence, the seriousness of the offense, and any other job-related reasons. The nature of the violation and all other appropriate circumstances will be considered. The organization reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

**READ CAREFULLY AND SIGN BELOW**

I hereby certify that all of the information I have provided on this Application Form is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or termination of employment, if already hired.

I authorize verification of all of the information I have provided on this Application Form and understand that additional information may be obtained to consider my application for employment. If I receive an employment offer, my prior wages with my previous employers may be confirmed. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release **THE OLD BRICK** and all of its employees from all liability for any damage that may result from reliance on the information furnished.

If employed by **THE OLD BRICK**, I agree to abide by its policies, procedures, rules, and regulations. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by me or the Company at any time with or without cause or notice. I further understand that no policy, rule, or benefit contained in **THE OLD BRICK**'s employee handbook, benefit plans, or other written documents should be considered an employment contract for any period of time.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_