

WELCOME! Colonial Classics, Inc. feels that the key to our past and future success lies in our people. That's why we make every attempt to hire good people, train them, listen to them, and help them become the very best in the industry.

Our Mission Statement: "TO PROVIDE A WORK EXPERIENCE THAT WILL ENABLE PEOPLE TO ACHIEVE THEIR FULL POTENTIAL AND OFFER THE BEST VALUE OF GOODS AND SERVICES TO BEAUTIFY OUR CUSTOMER'S ENVIRONMENT."

Thank you for your application. (PLEASE PRINT)			DATE:	/	_/
GENERAL INFOR	RMATION:				
Full Name: (PRINT)_	,,		,		
	LAST	FIRST		MIDDLE	Years at
Present Address:	,	<u>OITNI</u>	,,		_ address?
	NUMBER & STREET	CITY	STATE	ZIP	
Previous Address:_	,,,,,,	CITY	,	, ZIP	_ Years at
	NUMBER & SIKEEI	CITY	STATE	ZII	address?
Phone Number:		Email address:			
Are you legally eli	gible to be employed in the U.S.?	YES or NO			
Were you a memb	er of the U.S. Armed Service? Y	ES or NO Which Bra	anch/ Rank?		
-	ip in National Guard or Reserves?				
	-				
Have you EVER b	een convicted of a felony OR seri	ous misdemeanor? YI	ES or NO If	yes, explain:	
Would you agree to	f age or older? YES or NO o a urinalysis for narcotics/ alcoho BE SUBJECTED TO DRUG TEST PR	I detection? YES or N	10		
DESIRED EMPLO	YMENT:				
What position are yo	u interested in?	Sal	lary Desired:		
Are you employed now? YES or NO If YES, may we contact your present employer? YES or NO					YES or NO
Have you ever applie	ed at Colonial before? YES or NO	If YES, where/ whe	en?		
Relatives/ Friends en	nployed here? YES or NO Name(s):	Relati	onship:	
What interests you in	Colonial?				
AVAILABILITY:					
	e per week:	Date ye	ou can start:	/	_/
Do you have transpo	rtation to/ from work? YES or NO	How far do you live			
Do you anticipate an	y transportation problem in getting t				
- 1					
	HOURS	S AVAILABLE			

REFERENCES:

Give the names of three persons NOT related to you, whom you have known AT LEAST one year.

1.		Phone Number:		_Years Acquainted	1:
	Address:		Business:		
2.	Name:	Phone Number:		Years Acquainted	1:
	Address:		Business:		
3.	Name:	Phone Number:		Years Acquainted	1:
	Address:		Business:	_ 1	
EDI	UCATION:	Graduated?	Number of Years	Completed	Major
	h School:	YES or NO			
Coll	ege:	YES or NO		<u></u>	
Oth		YES or NO			
Extr	acurricular Activities:				
Area	a of special interest or research study:				

WORK EXPERIENCE:

(If not applicable, list U.S. Millitary or work performed on a voluntary basis)

Company #1 (Present or Most Recent Employer):						
Address:	Phone number:					
Supervisor's Name:						
Date of Employment (Month & Year):	From:	/	Beginning Salary:			
	To:	/	Ending Salary:			
Position Held:			May we contact this employer? YES or NO			
Job Duties:			Average hours worked per week:			
Reason for Leaving:						
Company #2 (Present or Most Recent Employer):						
Address:			Phone number:			
Supervisor's Name:						
Date of Employment (Month & Year):	From:	/	Beginning Salary:			
	To:	/	Ending Salary:			
Position Held:			May we contact this employer? YES or NO			
Job Duties:			Average hours worked per week:			
Reason for Leaving:						

It is Colonial Classics' policy that every applicant be treated fairly without regard to race, creed, sex, age disabilities, religion or national origin.

I understand I am applying for employment which can be terminated at will by either myself or Colonial Classics Inc. at any time and that nothing contained in any manual, brochure, or other Colonial materials shall constitute an implied contract of employment. No Colonial representative has the authority to make any contrary agreement.

I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal in accordance with Colonial's policy. I authorize the references listed to give Colonial's representative any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to Colonial.

SIGNATURE:

DATE:	/	/
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IF FORM IS NOT FILLED OUT COMPLETELY, YOUR APPLICATION WILL BE CONSIDERED INVALID