## M.A.MAKERS,INC EMPLOYMENT APPLICATION

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, marital status, height, weight, veteran status, disability or any other category protected by law.

Date	Name						
Telephone Number			Age – ONLY if under 18				
Present Address	(Number)	(Street)	(City)	(State)	(Zip)		
Position desired	sired Wage desired						
When can you begin	work?	How many	hours per we	ek can you wo	ork?		
List any specific days	s of the week / c	daily hours tha	t you are <u>not</u>	available to wo	ork		
Dates of special occa	asions (wedding	s, vacations,	etc.) you will b	e unable to wo	ork		
Have you ever been If yes, please provide							
Are there any felony Please explain:				The state of the s	s No		
Can you perform the YesNoIf no							
Do you have any hob	bies that have a	a direct bearin	g on the job y	ou are seeking	)?		
Have you been in a K	ilwins store bef	ore? If yes, ple	ease explain v	vhere and you	r experience.		

	ike to we	ork at Kilwins	?			
Why would you b	e an as	set to the Kilv	vin's team?			
						<u> </u>
Education:	Nam	ne of School	City, S	State	Course	Graduate?
High School	Ivali	ie di Scilodi	City, S	otate	Oddisc	0.000
College						
Other						
Job Experience: Name and Add of Previous Emp	ress	From - To	ner: (F) Full-ti Duties	me (P) Part-tii Wage - Salary	ne (V) Volunted Reason for Leaving	Supervisor's Name & Tel: #
References: Name	A	ddress	Phone	Years Acq	uainted	Occupation
	A	ddress	Phone	Years Acq	uainted	Occupation

I understand that nothing in this application or M.A.Makers, Inc policies or procedures, or my communications with any M.A.Makers,Inc representative is intended to create a contract of employment between M.A.Makers,Inc. and me. I understand that if an employment relationship is established, that my employment and compensation is for no definite period, and can be terminated with or without cause and with or without notice, at any time, at the option of either M.A.Makers, Inc or me. I also understand and agree that M.A.Makers,Inc may change the terms and conditions of my employment at any time, with or without cause, with or without notice. I authorize M.A.Makers,Inc to verify all of the information I have provided on my application. I also agree to execute, as a condition of employment or continued employment, any additional written authorizations necessary form M.A.Makers,Inc to obtain access to and copies of records pertaining to this information. I expressly authorize M.A.Makers, Inc to contact any of my prior employers and release all of those prior employers and M.A.Makers, Inc from any and all liability arising from their supplying information about my employment history. I certify that I can and will upon request, substantiate all statements made by me on this application and that such statements are true, complete and correct to the best of my knowledge. I understand that a false statement, false answer, misrepresentation or omission to any question will be sufficient grounds for rejection of my application or my immediate discharge.

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Signature	Date	