



THINGS REMEMBERED

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Position(s) Applied For: _____

Type: Full-time Part-time Seasonal / Temporary

Shift(s) Desired: Day Evening

Days/Hours Available:

Salary Desired: _____

Sun	Mon	Tue	Wed	Thu	Fri	Sat

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Present Address: _____
(Street) (City) (State) (Zip Code)

County: _____ Telephone: _____ Social Security #: _____

Please provide any other names that you are known by:

May we contact you at your work? Yes No

Work Telephone: _____

Are you legally authorized to work in the United States? Yes No

Have you ever worked for Things Remembered? Yes No

Are you at least 18 years of age? Yes No

Are you a Things Remembered Rewards Club member? Yes No

Email: _____

Have you ever been convicted of a felony crime or theft-related misdemeanor? Yes No

If yes, state the nature of the offense, where and when it occurred, and sentence imposed.

List any relatives employed by Things Remembered and location:

How did you learn of this opportunity with Things Remembered?

EDUCATION AND TRAINING

Name, City and State of School	Course of Study	Type of Degree	Did you Graduate?	GPA
High School (last attended)				
College or University				
Graduate School				
Other				

SPECIAL SKILLS and QUALIFICATIONS

Use this space for additional information you may want to provide regarding your background or work history (i.e. customer service skills, selling abilities, computer skills, etc): _____

You must complete this section even if a resume has been provided.

EMPLOYMENT HISTORY

(begin with most current)

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED (month/year)	LAST POSITION TITLE: (Please describe position responsibilities)	EARNINGS		REASON FOR LEAVING	NAME/TITLE/ PHONE # OF SUPERVISOR	MAY WE CONTACT?
			Base Salary/ Hourly Rate	Bonus			
1. _____ _____ _____ Telephone () _____	From _____ To _____		Start	Start			(If not, why?)
2. _____ _____ _____ Telephone () _____	From _____ To _____		Start	Start			(If not, why?)
3. _____ _____ _____ Telephone () _____	From _____ To _____		Start	Start			(If not, why?)
4. _____ _____ _____ Telephone () _____	From _____ To _____		Start	Start			(If not, why?)

Comments: (include any gaps in employment): _____

REFERENCES

List three professional references we may contact:	Name	Working Relationship	Title/Company	Telephone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that all information on this application is true and that any false information or omissions, regardless of when discovered, may result in discharge, if hired. I understand that, if offered employment, it is expressly contingent upon a background investigation, the results of which must be acceptable to the Company. I also understand that either the Company or I may, at anytime, without reason, cause or notice, terminate the employment relationship.

SIGNATURE
Revised 06/07

DATE