

# CHINA TOWNE

— FURNITURE AND MATTRESS —

*“Central New York’s Original Furniture Discount”*

## Employment Application

China Towne is an equal opportunity employer and considers applications for all positions without regard to race, color, religion, sex, national origin, age, marital status, disability or any other protected classes as defined by federal, state or local laws.

Name of Applicant:

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Desired Position:

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Location:

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Date:

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**PLEASE PRINT LEGIBLY IN INK. ANSWER ALL QUESTIONS ON THE APPLICATION AND ACCURATELY.**

**PERSONAL INFORMATION:**

LAST NAME:		FIRST NAME:		M.I.:	SOCIAL SECURITY#	
PRESENT ADDRESS:		APT#	CITY:	STATE:		ZIP:
HOME PHONE: ( ) -		WORK PHONE: ( ) -		ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, GIVE DATE OF BIRTH: / /
HAVE YOU EVER BEEN EMPLOYED BY CHINA TOWNE IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, GIVE DATES OF EMPLOYMENT AND LOCATION:		
HAVE ANY OF YOUR RELATIVES BEEN EMPLOYED BY CHINA TOWNE IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, GIVE THEIR NAMES:		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, STATE THE NATURE OF THE OFFENCE, WHERE AND WHEN IT OCCURRED AND THE SENTENCE IMPOSED:				
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR WITH IN THE PAST SEVEN YEARS? (DO NOT INCLUDE CONVICTIONS FOR SPEEDING OR OTHER MINOR TRAFFIC VIOLATIONS OR FIRST CONVICTIONS FOR DISORDERLY CONDUCT, DISTURBING THE PEACE, DRIVING UNDER THE INFLUENCE, PUBLIC INTOXICATION). <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE EXPLAIN).						
HOW DID YOU HEAR LEARN OF THIS POSITION? (CHECK AS MANY AS APPLY)						
<input type="checkbox"/> Newspaper Ad		<input type="checkbox"/> College/School		<input type="checkbox"/> Referral (Name: _____)		
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Walk-in or Unsolicited Resume				
<input type="checkbox"/> Other: _____						

**EMPLOYMENT DESIRED:**

POSITION DESIRED:		AVAILABLE EMPLOYMENT DATE: / /		WAGE / SALARY REQUIREMENTS: \$						
ARE YOU APPLYING FOR: <input type="checkbox"/> Full Time      OR <input type="checkbox"/> Part Time			TOTAL HOURS AVAILABLE PER WEEK:							
CHECK HERE IF YOUR HOURS ARE FLEXIBLE (AVAILABLE FOR WORK ANY DAY, AM OR PM) <input type="checkbox"/>	PLEASE LIST THE HOURS YOU ARE AVAILABLE TO WORK PER DAY.	TO:		MON	TUES	WED	THU	FRI	SAT	SUN
		FROM:								
ARE THERE ANY LIMITATIONS TO YOUR WORK HOURS? (I.E. CAN'T WORK NIGHTS, PARTICULAR WEEKENDS, ETC.)  <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN: _____ _____ _____								

**VEHICLES:**

PLEASE COMPLETE THIS SECTION IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES BUSINESS TRAVEL USING PERSONAL TRANSPORTATION OR REQUIRES THE OPERATION OF A COMPANY-OWNED VEHICLE.

DO YOU HAVE VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT STATE?	DRIVER'S LICENSE NUMBER:
HAVE YOU HAD ANY TRAFFIC RELATED VIOLATIONS OR CONVICTIONS?  <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN: _____ _____ _____	

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**EXPERIENCE**

**PLEASE LIST YOUR LAST THREE EMPLOYERS BEGINNING WITH THE MOST RECENT.**

NAME OF EMPLOYER:		TYPE OF BUSINESS:		PHONE: (    )	
ADDRESS:		CITY:	STATE:	ZIP:	SALARY/WAGES: \$
EMPLOYED	FROM:	LAST POSITION:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY		SUPERVISOR'S NAME:
	TO:				

REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER:		TYPE OF BUSINESS:		PHONE: (    )	
ADDRESS:		CITY:	STATE:	ZIP:	SALARY/WAGES: \$
EMPLOYED	FROM:	LAST POSITION:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY		SUPERVISOR'S NAME:
	TO:				

REASON FOR LEAVING: \_\_\_\_\_

NAME OF EMPLOYER:		TYPE OF BUSINESS:		PHONE: (    )	
ADDRESS:		CITY:	STATE:	ZIP:	SALARY/WAGES: \$
EMPLOYED	FROM:	LAST POSITION:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY		SUPERVISOR'S NAME:
	TO:				

REASON FOR LEAVING: \_\_\_\_\_

**SKILLS**

**IN THE SPACE BELOW, PLEASE INDICATE THE JOBS IN WHICH YOU'VE HAD EXPERIENCE AND EQUIPMENT YOU CAN OPERATE. INDICATE TIME SPENT IN EACH AREA (YEARS, MONTHS, WEEKS):**

RETAIL FLOOR SALES: \_\_\_\_\_

SHIPPING AND RECEIVING: \_\_\_\_\_

CASH REGISTER: \_\_\_\_\_

TELEMARKETING: \_\_\_\_\_

GENERAL OFFICE: \_\_\_\_\_

TYPING, SPEED: \_\_\_\_\_ WPM     WORD PROCESSOR SPEED: \_\_\_\_\_ WPM     10 KEY CALCULATOR     BY TOUCH     BY SIGHT

PC SKILLS (LIST SOFTWARE): \_\_\_\_\_

PLEASE LIST YOUR INTERESTS, CAREER GOALS, AND EXPECTATIONS: \_\_\_\_\_

**EDUCATION**

LEVEL	NAME AND LOCATION OF SCHOOL	RECOGNITION OF COMPLETION
HIGH SCHOOL		DIPLOMA? <input type="checkbox"/> YES    OR <input type="checkbox"/> NO
VOCATIONAL, TECHNICAL, OR OTHER SCHOOL		CERTIFICATE? <input type="checkbox"/> YES    OR <input type="checkbox"/> NO
COLLEGE		<input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> UNDERGRADUATE DEGREE <input type="checkbox"/> CURRENTLY PURSUING
GRADUATE SCHOOL		<input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> UNDERGRADUATE DEGREE <input type="checkbox"/> CURRENTLY PURSUING

**PLEASE PRINT LEGIBLY IN INK. ANSWER ALL QUESTIONS ON THE APPLICATION AND ACCURATELY.**

**REFERENCES**

**PLEASE LIST THE NAMES OF 3 PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR. DO NOT INCLUDE RELATIVES.**

NAME:	ADDRESS:	
POSITION / COMPANY:	YEARS AQUAINTED:	PHONE: (    )
NAME:	ADDRESS:	
POSITION / COMPANY:	YEARS AQUAINTED:	PHONE: (    )
NAME:	ADDRESS:	
POSITION / COMPANY:	YEARS AQUAINTED:	PHONE: (    )

**PLEASE READ AND SIGN THE BOTTOM OF THIS FORM.**

1. I declare that all statements and answers in this application are true and complete in all respects. I acknowledge and agree that any false statement, misleading answer, omission, concealment, or failure to answer any question fully, completely, and accurately will be grounds for terminating my employment irrespective of when the information is discovered.
2. I authorize China Towne or China Towne's agent at any time prior to or during my employment, to a) investigate my references; b) communicate with my former employers; c) conduct an independent investigation of my character, conduct and employment record, including, without limitation, a criminal background check and/or request a credit report and/or request an investigative credit report. I understand that the results of the investigation or background checks may be kept and preserved. Additionally, I release all parties from all liability for any damage that may result from furnishing information to China Towne.
3. If employed, I agree to read the Employee Manual and comply with all Company rules, regulations, and policies whether set forth in the Employee Manual or otherwise. The Company, in its sole discretion, may amend, change, modify or delete the China Towne Manual or its rules, regulations and policies at any time.
4. I agree that upon termination of my employment I will return all Company property and records in my possession including the Employee Manual.
5. I understand that all employees of the Company are employees at will and that if employed, my employment with the Company may be terminated at any time with or without reason or notice. Nothing contained in the Employee Manual or any other documentation provided to an Associate is intended to limit, modify, change or amend the at-will nature of employment with the Company. Any salary figures provided to an Associate in annual or monthly terms are stated for the sake of convenience or to facilitate comparisons and are not intended and do not create an employment contract for any specific period of time. I understand that no person other than the Company's General Counsel has the authority to agree to modify or change the at-will nature of my employment and that any such modification or change must be in writing and signed by the Company's General Counsel.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE