



APPLICATION FOR EMPLOYMENT

John V. Schultz is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on Any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory Disability, sexual orientation, or any other bases prohibited by federal, state, or provincial law.

Please complete entire application to ensure processing.

PERSONAL INFORMATION (Please print)

Name Last First Middle Social Security/Social Insurance Number Date (M/D/Y)

Other names you are known by Are you less than 18 years of age? Yes No (John V. is required to comply with federal, or provincial law)

U.S. Applicant Only: Are you legally eligible for employment in the U.S.? Yes No (proof of U.S. citizenship or immigration status will be required if hired for a position)

Have you been convicted of a felony in the last seven (7) years? Yes No If Yes, list convictions that are a matter of public record (arrests are not convictions). A conviction will not necessarily disqualify you for employment.

Present Address Street City State/Province Zip Code/Postal Code

Permanent Address Street City State/Province Zip Code/Postal Code

Phone Number Daytime Evening Referred By

EMPLOYMENT DESIRED (If you are applying for an hourly position, please keep in mind that the availability of hours may vary.)

Table with columns: Position, Location/Department, Salary Desired, Date You Can Start, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday. Includes a row for specifying hours available for each day of the week.

Are you able to work overtime? Have you ever worked for John V. Schultz Company? If yes, when?

EDUCATION

Table with columns: Name and Address of School, Circle Last Years Completed (1-4), Did You Graduate? (Y/N), Subjects Studied and Degrees Received. Rows for High School, College, Post College, Trade/Business/Correspondence School.

List skills relevant to the position applied for

SKILLS For Office/Administrative positions only Typing WPM: 10-Key: Yes No Computer Proficiency: Word for Windows Excel Others:

Do you have any physical limitations which make you unable to perform the type of work for which you are applying? Please explain

How were you referred to this company? Employment Agency Newspaper Ad Friend John V. Schultz Employee State Employment Office College Placement Other

FORMER EMPLOYERS

List below current and last three employers, starting with the most recent one first. Please include any not-paid/volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume.

Table for former employer entry 1: From, To, Previous Employer (Name and Address of Employer-Type of Business), Salary or Hourly (Starting, Ending, average # of hours per week), Position, Reason For Leaving, Duties Performed, Supervisor's Name, Phone Number, May We Contact?

Table for former employer entry 2: From, To, Previous Employer (Name and Address of Employer-Type of Business), Salary or Hourly (Starting, Ending, average # of hours per week), Position, Reason For Leaving, Duties Performed, Supervisor's Name, Phone Number, May We Contact?

Table for former employer entry 3: From, To, Previous Employer (Name and Address of Employer-Type of Business), Salary or Hourly (Starting, Ending, average # of hours per week), Position, Reason For Leaving, Duties Performed, Supervisor's Name, Phone Number, May We Contact?

Date (M/D/Y) **EMPLOYMENT cont.**

From	Previous Employer (Name and Address of Employer-Type of Business)	Salary or Hourly Starting _____ Ending _____ If hourly, average # Of hours per week _____	Position	Reason For Leaving
To				
Duties Performed				
Supervisor's Name		Phone Number	May We Contact?	
From	Previous Employer (Name and Address of Employer-Type of Business)	Salary or Hourly Starting _____ Ending _____ If hourly, average # Of hours per week _____	Position	Reason For Leaving
To				
Duties Performed				
Supervisor's Name		Phone Number	May We Contact?	

SERVICE RECORD

Branch Of Service	Discharge Date	Rank
Type of education, training or work experience received.		

REFERENCES

Give below the names of three professional references, whom you have known at least one year.

Years Acquainted
How Do You Know
This Person?

Name	Address & Phone Number	Business	Years Acquainted How Do You Know This Person?

ATTACHMENT C

CONSUMER AUTHORIZATION AND RELEASE

FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize _____, by and through its independent contractor, TransUnion, INC., to procure a consumer report and/or investigative consumer report on me.

These above mentioned reports may include, but are not limited to, employment and education verification, personal references, citations, a social security number verification, present and former addresses, criminal and civil history/record, and any other public record, and any other information bearing on my credit standing, credit capacity, worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that the investigative consumer report I have authorized above may include information obtained by my interview with my neighbors, friends and/or associates with whom I am acquainted or who may have knowledge concerning said information. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to TransUnion that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to John V. Schultz Furniture Company, by and through TransUnion, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release John V. Schultz Furniture Company, TransUnion and any and all other persons, business entities and governmental agencies, whether public or private from any and all liability, claims and/or demands of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

Printed Name _____ Social Security Number _____
 Signature _____ Date _____
 Daytime Phone _____
 Drivers License Number _____ State Issued _____
 Date of Birth* _____ Gender* _____

* This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. In complete applications may not be considered for further review.

I hereby authorize investigation of all statements contained herein and the references and employers listed above to give you any and all pertinent information concerning my previous employment. I hereby authorize you to make any investigation of my personal history, educational background, military background, credit records and criminal records through any investigative agency. I hereby release the company from all liability for any damage that may result from utilization of such information.

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract.

I understand that filling out this form does not indicate there is a position open and does not obligate John V. Schultz to hire me.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company officer

Date _____ Signature _____

Please submit this application to the service desk located within the store.

Or send to:
 John V. Schultz Company
 Attention: Jonathan DiPrinzio
 7200 Peach Street, Suite 300
 Summit Towne Center
 Erie, PA 16509

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER
 COMMITTED TO HIRING A DIVERSE WORKFORCE**

