



Mail to:
Summer USA Stores, Inc.
P.O. Box 504
Lake Ozark, MO 65049

Or drop off at any Summer USA store location.

APPLICATION FOR EMPLOYMENT

NAME DATE

STREET ADDRESS CITY, STATE, ZIP

HOME PHONE CELL EMAIL

AGE (OPTIONAL) DOB (OPTIONAL) SSN

DATE YOU CAN START Wage DESIRED

MOTHER'S NAME MOTHER'S OCCUPATION

FATHER'S NAME FATHER'S OCCUPATION

ARE YOU CURRENTLY IN SCHOOL?

IF YES, WHAT SCHOOL DO YOU ATTEND? GRADE

WHEN DO YOU PLAN TO GRADUATE? WHAT IS YOUR GPA?

DO YOU HAVE RETAIL STORE EXPERIENCE?

IF YES, WHERE? DATES

ARE YOU CURRENTLY EMPLOYED?

WHAT ARE YOUR DUTIES THERE?

LIST YOUR LAST THREE EMPLOYERS

Three horizontal lines for listing employers.

(CONTINUED ON NEXT PAGE)

WILL YOU BE RETURNING TO SCHOOL THIS FALL? _____

IF YES, WHERE? _____

WHEN DO CLASSES BEGIN? _____

WHAT IS THE LAST DATE YOU CAN WORK? _____

WILL YOU BE AVAILABLE TO WORK MAY 26-29, 2017? _____

WILL YOU BE AVAILABLE TO WORK JUNE 30-JULY 5, 2017? _____

WILL YOU BE AVAILABLE TO WORK SEPTEMBER 1-4, 2017? _____

DO YOU HAVE ANY EVENTS PLANNED THIS SUMMER THAT WOULD REQUIRE YOU TO MISS WORK FOR MORE THAN THREE CONSECUTIVE DAYS? IF YES, WHEN? _____

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? _____

DO YOU USE TOBACCO PRODUCTS? _____

WILL YOU AGREE TO BE TESTED FOR THE USE OF ILLEGAL DRUGS? _____

PLEASE LIST THREE PROFESSIONAL REFERENCES.

NAME _____
RELATIONSHIP _____
COMPANY _____ **PHONE** _____

NAME _____
RELATIONSHIP _____
COMPANY _____ **PHONE** _____

NAME _____
RELATIONSHIP _____
COMPANY _____ **PHONE** _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND , IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENESATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE COMPANY'S OPTION.

DATE _____ **SIGNATURE** _____