



Mail to: Summer USA Stores, Inc. P.O. Box 452  
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) \_\_\_\_\_

DATE YOU CAN START \_\_\_\_\_ Wage DESIRED \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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 24-27, 2025?** \_\_\_\_\_

**WILL YOU BE AVAILABLE TO WORK JULY 3-7, 2025?** \_\_\_\_\_

**WILL YOU BE AVAILABLE TO WORK AUG 30-SEP 2, 2025?** \_\_\_\_\_

**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?**  
\_\_\_\_\_

**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 COMPENASATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE COMPANY'S OPTION.**

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_