



**EMPLOYMENT APPLICATION**

An equal opportunity employer, EVER Stores does not discriminate in hiring or terms and conditions of employment because of an individual's race, color, religion, gender, gender identity, national origin, citizenship, age, disability, sexual orientation marital status or any other protected category recognized by state, federal or local laws. EVER Stores only hires individuals authorized for employment in the United States.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Application

**Each inquiry on this application must be fully answered or completed. Otherwise, you will not be considered for employment.**

PERSONAL INFORMATION			
Last Name	First Name	Middle Name	Are you authorized for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Present Street Address	City	State	Zip
Previous Street Address	City	State	Zip
Home Phone Number (including Area Code)	Email Address		How long have you lived there? Yrs.                  Mos.
			How long did you live there? Yrs.                  Mos.
			Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No

AVAILABILITY	
Position Desired	Date Available _____/_____/_____
Location	
Schedule Desired	
Salary/Wage Expected	

HOURS AVAILABLE EACH DAY							
	SUN	MON	TUE	WED	THUR	FRI	SAT
AM							
PM							

MISCELLANEOUS		
Is there any additional information involving a change of your name or assumed name that will permit us to check your work record? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
Have you ever applied to Ever or any of its affiliated companies? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
If yes, when & where?		
Have you ever been employed by Ever or any of its affiliation companies? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
If yes, when & where?		
List names of friends or relatives now employed by EVER? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
First Name	Last Name	Middle Name
Have you ever been convicted of a crime? If yes, please explain. (Conviction of a crime not automatically an applicant from consideration.)		
Why are you interested in working for our company?		
What strengths would you bring to our company?		
What didn't you like about your previous jobs?		

EDUCATION				
Type of School	Name and Location of School	Degree/Area of Study	Number of Years Attended	Graduated (Check One)
HIGH SCHOOL	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			
COLLEGE	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			
OTHER	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			

EMPLOYMENT HISTORY					
List your previous experience beginning with your most recent position may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Dates	Name and Address of Employer	Position held and Supervisor	List Major Duties	Wages	Reason for Leaving
From : ____ / ____ / ____ Mo. Yr.	Name	Your Job Title		Starting	
	Address				
To : ____ / ____ / ____ Mo. Yr.	Phone	Supervisor		Final	
From : ____ / ____ / ____ Mo. Yr.	Name	Your Job Title		Starting	
	Address				
To : ____ / ____ / ____ Mo. Yr.	Phone	Supervisor		Final	
From : ____ / ____ / ____ Mo. Yr.	Name	Your Job Title		Starting	
	Address				
To : ____ / ____ / ____ Mo. Yr.	Phone	Supervisor		Final	
From : ____ / ____ / ____ Mo. Yr.	Name	Your Job Title		Starting	
	Address				
To : ____ / ____ / ____ Mo. Yr.	Phone	Supervisor		Final	

Have you ever been discharged or asked to resign from a job(s)?  Yes    No If yes, please provide details, including place(s) of employment, location(s), date(s), supervisor's name(s), and circumstances of the discharge(s) or resignation(s):

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PERMISSION TO WORK	
IF EMPLOYMENT IS OFFERED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>REFERENCE FORM</b>	
<b>REFERENCE #1</b>	
Full Name	Phone
Address	
Company	Job Title
How acquainted and for how long?	
<b>REFERENCE #2</b>	
Full Name	Phone
Address	
Company	Job Title
How acquainted and for how long?	

<b>PERSON TO CONTACT IN CASE OF EMERGENCY</b>		
This information is to facilitate contact in the event of any emergency and is not used in the selection process.		
Full Name	Relationship	Phone
Address		
Place of Employment	Employment Phone	
Employment Address		

<b>PRE-EMPLOYMENT CERTIFICATION</b>	
<p>Please read the following statements carefully before signing this application.            Only those applications that are signed and dated are considered valid.            If you have any questions regarding these statements, please ask about them before you sign.</p>	
<p>I understand that this application is only valid for the position applied for at Bini Corp. DBA:Ever.Ever One collectively the "Company", and the Company is not obligated to retain or consider this application for current or future openings.</p> <p>I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial, or termination, of employment.</p> <p>I authorize investigation of all statements contained in this application and any attachment provided by me. I understand that falsification, misrepresentation or omission of facts will result in removal of my application from consideration, or if employed, immediate termination.</p> <p>I authorize the Company to secure information about my experience with former employers, education institutions and agencies and for those parties to provide information concerning my experience. I here by release the Company and all of its employees and agents from all claims and liabilities arising from such investigation or the supplying of information as part of such process. I further understand and agree that identifying this ground for termination in no way impliedly or expressly alters the at-will nature of my employment with the Company.</p> <p>If employed by the Company, I will abide by the Company's policies and rules and standards of conduct. The Company's business needs may at times make the following conditions mandatory: overtime or a work schedule other than Monday through Friday. The Company retains sole discretion regarding the following types and terms and conditions of employment - promotion, demotion, transfers, work assignments, job duties/responsibilities, wage rates and benefits - or any other terms and conditions that the Company may determine to be necessary for the operation of its business. I understand and accept these as conditions of my employment.</p> <p>If I am employed by the Company. I understand my employment is at-will and can be terminated, with or without cause and with or without notice, at any time at the option of the Company or myself. Only the CEO of the company has the authority to make any agreement contrary to the foregoing, and then only in writing, signed by me and by the CEO, which expressly refers to the alteration of my at-will employment status. I further expressly agree that, with respect to the at-will employment relationship, this application and the company's "At-Will" Employment Agreement constitutes the full, complete and final expression of the parties' of intent concerning the nature any employment relationship between me and the Company. My signature below certifies that I agree to be bound by the terms and conditions stated on this application.</p> <p>I understand that this application is not a contract of employment.</p>	
_____ Application's Signature	_____ Date
_____ If under 18, Parent/Legal Guardian	_____ Date