



P.O. Box 385, Pago Pago, Am. Samoa
 96799
 (684) 699-9770

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

NAME - LAST	FIRST	MIDDLE	POSITION DESIRED	SOCIAL SECURITY NUMBER	TODAY'S DATE:
					DATE AVAILABLE
					TO WORK:
P.O. BOX	VILLAGE	TELEPHONE	CELL PHONE	EMAIL ADDRESS	DO YOU WISH TO WORK:
					FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>
					SEASONAL <input type="checkbox"/>
PLEASE INDICATE	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
DAYS YOU ARE					
AVAILABLE TO WORK:					

EDUCATION				SKILLS	
NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	MAJOR COURSES	GRADUATED OR DEGREE	<input type="checkbox"/>	<input type="checkbox"/>
HIGH SCHOOL			YES NO <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> POS MACHINE	<input type="checkbox"/> ELECTRICAL
COLLEGE			LIST DEGREE	<input type="checkbox"/> KEY CUTTING MACHINE	<input type="checkbox"/> PLUMBING
GRAD. SCHOOL				<input type="checkbox"/> PAINT MIXING MACHINE	<input type="checkbox"/> BUILDING CONSTRUCTION
OTHER				<input type="checkbox"/> WORD PROCESSING	<input type="checkbox"/> PERSONAL COMPUTER
				<input type="checkbox"/> OTHER SKILLS: _____	

EMPLOYMENT HISTORY					
GIVE NAMES AND ADDRESSES OF ALL PREVIOUS EMPLOYERS. IF YOU ARE NOW WORKING, PRESENT EMPLOYER AND REASON FOR DESIRE TO QUIT MUST BE INCLUDED.					
ALSO GIVE REASON FOR ANY LAPSE OF TIME BETWEEN JOBS. MAY WE CONTACT YOUR CURRENT EMPLOYER?: <input type="checkbox"/> YES <input type="checkbox"/> NO					
EMPLOYER (LATEST FIRST)	DATES EMPLOYED	EARNINGS HISTORY	TITLE AND DUTIES	REASON FOR LEAVING	
NAME	FROM	START			
ADDRESS	TO	FINAL			
CITY/STATE/ZIP					
TELEPHONE	SUPERVISOR				
NAME	FROM	START			
ADDRESS	TO	FINAL			
CITY/STATE/ZIP					
TELEPHONE	SUPERVISOR				
MILITARY SERVICE	BRANCH		FINAL RANK/GRADE		SPECIALTY/MOS
					RESERVE STATUS

HAVE YOU EVER BEEN EMPLOYED BY OUR COMPANY? YES NO IF YES, WHEN _____



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DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY OUR COMPANY? YES NO IF YES, PLEASE STATE PERSON'S NAME _____

GENERAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A FELONY? YES NO IF YES, GIVE FULL DETAILS. (CONVICTION WON'T NECESSARILY DISQUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING.)

IF HIRED, CAN YOU FURNISH PROOF OF AGE? YES NO IF, HIRED, CAN YOU FURNISH PROOF THAT YOU ARE LEGALLY ENTITLED TO WORK IN AMERICAN SAMOA? YES NO

HOW DID YOU HEAR OF OUR COMPANY? EMPLOYEE REFERRAL _____ OWN ACCORD ADVERTISING
 NAME OF EMPLOYEE _____

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR THE WORK WITH THE COMPANY? _____

CAN YOU LIFT AT LEAST 50 POUNDS? YES NO

EMERGENCY CONTACT

NAME: _____ PHONE: _____
 RELATIONSHIP: _____ VILLAGE: _____

APPLICANT'S STATEMENT

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW:

This application is considered current for 60 days. If you want to be considered for employment after this time you must renew your application in writing.

I certify that the information contained in this application and/or any supplement thereto, is correct to the best of my knowledge and understand that any mis-statement or omission of information is grounds for dismissal in accordance with Company Policy. I authorise Ace Hardware to contact my current or prior employers and/or the above references and request any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I expressly release Ace Hardware and all parties providing such information from any and all liability or responsibility for damage that may result from furnishing the same to you.

If I am offered a position with the Company, I agree to conform to the applicable rules, regulations and policies of the Company, and acknowledge that my employment and compensation can be terminated at any time with or without cause, and with or without notice, at the option of either the Company or myself. I further understand that no representative of the Company has any authority to make any agreement contrary to the foregoing or to bind the Company for the employment of any person for any specified period of time.

Only applications that are fully completed by the applicant will be considered for hire. Along with your completed application, please submit the following:
 Verify you have a Social Security card; US Citizens/Nationals - copy of ASG ID & birth certificate or Passport photo page; Non US C/N - copy of Immigration ID; copy of COVID vaccination and MMR card.

DATE _____ APPLICANT'S SIGNATURE _____

You must fill in your own application and fully complete this application in order to receive proper consideration.