



PLEASE SEND ALL EMPLOYMENT PACKAGES TO:

**MAGNUM Retail Services L.L.C.
P.O. Box 1507
Jasper, AL. 35502**

Employment Application

All Applicants are subject to Drug Screening

Personal information

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Phone Number

Cell Phone

Employment Record (Please begin with current or most recent employer)

Employer:

Address:

Supervisor Name and Title:

Your Job Title:

Describe Job Duties:

Dates of Employment
From: To:

Wages
Starting: Ending:

Reason for Leaving

Employment Record, Continued

Employer:

Address:

Supervisor Name and Title:

Your Job Title:

Describe Job Duties:

Dates of Employment
From: To:

Wages
Starting: Ending:

Reason for Leaving

Employer:

Address:

Supervisor Name and Title:

Your Job Title:

Describe Job Duties:

Dates of Employment
From: To:

Wages
Starting: Ending:

Reason for Leaving

PERSONAL REFERENCES

Name

Phone#

Years Known

PERSONAL REFERENCES (CONT)

<u>Name</u>	<u>Phone#</u>	<u>Years Known</u>
_____	_____	_____
_____	_____	_____

GENERAL INFORMATION

Do you have a valid driver's license? _____ Do you own a reliable vehicle? _____

Can you travel long term? _____

Do you have any merchandising experience? _____
If yes, please describe: _____

Do you have any carpentry skills? _____
If yes, please list _____

Do you know any current **MAGNUM Retail Services, LLC** employees?

If yes, please list name & years known: _____

Have you ever been convicted of a crime? _____ If yes, was this conviction a felony? _____

Have you ever failed a drug test? _____

AUTHORIZATION Please read carefully.

"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.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

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 make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

START DATE: _____	LOCATION: _____
PAY RATE _____	WC CODE _____