

Personal Information

Full Name *

First Name Last Name

E-mail *

example@example.com

Phone Number *

Area Code Phone Number

Present Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

My present address is the same as my permanent address.

Yes

No

Permenant Address

Street Address

Street Address Line 2

Employment Desired

Which Store(s) Would You Like to Apply to?

State / Province
Shadyside
Fox Chapel
Postal / Zip Code
Country

Position Desired *

Date you can start



Month Day Year

Salary Desired

Are you currently employed? *

Yes

No

Educational History

Have you completed High School? *

Yes

No

Name

City

State

Subjects Studied

Have you completed College? *

Yes

No

Name

City

State

Subjects Studied

Have you completed a trade, business or correspondence school?

Yes

No

Name

City

State

Subjects Studied

Training and Skills

Subjects of special study/research work or special training/skills.

United States Service

Rank

Employment History

Please state your previous employers from most recent to least recent.

Employed From



Month Day Year

-

Employed To



Month Day Year

Employer Name

Salary

Position

Reason for leaving

Do you have more work experience?

Yes

No

Employed From



Month Day Year

-

Employed To



Month Day Year

Employer Name

Salary

Position

Reason for leaving

Do you have more work experience?

Yes

No

Employed From



Month Day Year

-

Employed To



Month Day Year

Employer Name

Salary

Position

Reason for leaving

References & Authorization

Give the names of 3 people not related to you, whom you have known for at least 1 year.

1.

Full Name *

First Name Last Name

Phone Number *

Area Code Phone Number

Years Known *

How do you know this person? *

2.

Full Name

First Name Last Name

Phone Number

Area Code Phone Number

Years Known

How do you know this person?

3.

Full Name

First Name Last Name

Phone Number

Area Code Phone Number

Years Known

How do you know this person?

Do you have a resume you would like to upload?


Yes

No

Electronic Signature

First Name Last Name

Application Completed

at 
Month Day Year Hour Minutes

By clicking the submit button, 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 to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This online application does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

I have read and agree to the above statement *

I agree