



**LOLO**  
**HARDWARE**  
A Division of Northwest Hardware

11300 US Hwy 93S  
Lolo, MT 59847  
employment@northwesthardware.net

### Personal Information

NAME (LAST, FIRST)		SOCIAL SECURITY NO.	DATE
ADDRESS		CITY	STATE
PHONE NO	EMAIL ADDRESS		ZIP CODE
REFERRED BY	REFERRAL PHONE NUMBER	ARE THEY A REWARDS MEMBER?	

### Employment Desired

POSITION	DATE YOU CAN START	PAY/SALARY DESIRED	DESIRED LOCATION:
ARE YOU EMPLOYED NOW <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER APPLIED TO NORTHWEST HARDWARE BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN	

### Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE, TRADE, BUSINESS, CORRESPONDENCE SCHOOL				

### General Information

SPECIAL TRAINING/SKILLS
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### Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STATING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED ON OTHER SIDE

**References** (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST A YEAR.)

NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN

<b>HAVE YOU EVER BEEN CONVICTED OF A FELONY</b>	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
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**Authorization**

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 waiver does not allow the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are needed, I understand that, in compliance with federal law, the company will provide me with a written notice about the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

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

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

Do Not Write Below This Line

**Remarks**

<b>NEATNESS</b>			<b>CHARACTER</b>	
<b>PERSONALITY</b>			<b>ABILITY</b>	
<b>HIRE</b>	<b>FOR DEPT.</b>	<b>POSITION</b>	<b>WILL REPORT</b>	<b>SALARY WAGES</b>

**APPROVED:**

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

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