



Welcome to Crown!

What we expect?

What do you have to offer?

Do you fit?

Thank you for your interest in Crown Ace Hardware!

This is your opportunity to ensure that Crown Ace Hardware is the right place for you.

Crown Ace's goal is to have the **"Most Helpful Hardware Stores on the Planet."**

To achieve this, we are looking for people who are self-motivated, high energy, prompt, courteous, positive, and completely focused on providing the highest levels of customer service to our customers.

Does this describe you? If it does, please read on! If not, this is not the job for you.

As a family-owned and operated business, we see our customers as a significant part of the Crown family. Every customer is extremely important to us. We strive to offer each and every person who enters our stores the highest level of service and convenience.

If you become an employee of Crown Ace, you will be expected and required to put the customer first in everything that you do. We are looking for individuals who have this attitude, for people who genuinely WANT to help our customers with their needs. We are looking for happy, upbeat individuals. We are looking for smiling faces.

At Crown, we believe that the TEAM is the key to overall success. We are looking for people who represent our beliefs and are driven to aim beyond our expectations.

We recognize that retail is not for everyone.

If you are not the type of person described above, then Crown Ace is not the right place for you. If you like product more than you like working with people, then again, Crown Ace is NOT the place. As a team member, it will be essential, and expected, that you are prompt and ready for work at your scheduled time. Crown Ace is a drug-free workplace.

If you do not feel that you can live up to these expectations... then thank you for your interest, but this is not the right fit.

However, if you are an upbeat, happy, positive person, who is eager to learn, and has a desire to take excellent care of every customer... then we definitely want you as part of the Crown family!!

Our sincere hope is that you ARE the right person... and that you will become a long-term part of the Crown family, an asset to the company, and to our customers!

Thank you for your interest in Crown Ace Hardware!

Applicant signature _____ Date: _____

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

PRE-EMPLOYMENT QUESTIONNAIRE

Crown Store #

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER ____	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER ()	ALTERNATE PHONE NUMBER ()		DATE

EMPLOYMENT DESIRED

REFERRED BY

POSITION		DATE YOU CAN START	SALARY DESIRED	
ARE YOU EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, CAN WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER APPLIED TO THIS COMPANY BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	Type of Work desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary / Seasonal
Availability:	Weekends Y / N	Mornings Y / N	Evenings Y / N	
What hours can you work: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____				

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS		YEAR
U.S. MILITARY OR NAVAL SERVICE		RANK

FORMER EMPLOYERS LIST LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	PHONE	SALARY	POSITION	REASON FOR LEAVING
FROM	_____	()			
TO					
FROM	_____	()			
TO					
FROM	_____	()			
TO					

CONTINUED ON OTHER SIDE

REFERENCES

APPLICATION FOR EMPLOYMENT

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE #	BUSINESS	YEARS KNOWN
	_____	()		
	_____	()		
	_____	()		

AVAILABILITY / RESTRICTIONS

Do you have reliable transportation to and from work? YES / NO
Are you willing / able to work at a location other than one where you applied? YES / NO

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? If no, describe the functions that cannot be performed: YES / NO

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? YES / NO
(Convictions for marijuana-related offenses that are more than two years old need not be listed.)
If yes, state nature of the crime(s), when and where convicted and disposition of the case.

Applicants Statement

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING 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 CROWN HARDWARE ANY AND ALL 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 AUTHORIZATION TO ENTER INTO ANY AGREEMENT OF 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.

I UNDERSTAND THAT BEFORE ANY OFFER OF EMPLOYMENT IS FINALIZED, I WILL BE REQUIRED TO SUBMIT TO BLOOD, URINE AND/OR OTHER MEDICAL TESTING FOR ALCOHOL, DRUGS AND CONTROLLED SUBSTANCES AT A COMPANY-SELECTED MEDICAL FACILITY AT THE COMPANY'S EXPENSE. IF THE TEST RESULTS DEMONSTRATE THE PRESENCE OF UNDISCLOSED PRESCRIBED OR UNAUTHORIZED DRUGS OR CONTROLLED SUBSTANCES OR AN UNACCEPTABLE LEVEL OF ALCOHOL, I UNDERSTAND THAT I WILL NOT BE PERMITTED TO COMMENCE WORK FOR THE COMPANY, OR I WILL BE TERMINATED IF I HAVE ALREADY COMMENCED WORK. I VOLUNTARILY CONSENT FOR THE DESIGNATED MEDICAL FACILITY TO COLLECT BLOOD AND URINE SAMPLES FROM ME AND TO TEST FOR THE PRESENCE OF ALCOHOL, DRUGS AND CONTROLLED SUBSTANCES. FURTHER, THE MEDICAL FACILITY IS AUTHORIZED TO RELEASE THE RESULTS OF THE TESTS TO CROWN HARDWARE. CROWN HARDWARE IS AUTHORIZED TO COMMUNICATE THE TEST RESULTS INTERNALLY AS IT DEEMS APPROPRIATE. I MAY REQUEST A COPY OF THIS AUTHORIZATION AND THE TEST RESULTS.

Signature of Applicant

Date

REVIEWED BY _____ DATE: _____