



PUSHPA DISCOUNT STORE, INC.

DIVISION APPLYING WITH :

- _____ AUTHENTIKS
- _____ TRENDZ
- _____ PUSHPA
- _____ SOHO

STORE LOCATION APPLYING FOR:

749 ALBRIGHT ROAD
 ROCK HILL SC 29730
 TEL (803)327-1160
 FAX (888)377-4073
 E-MAIL : PUSHPAINC@GMAIL.COM

EMPLOYMENT APPLICATION

APPLICATION DATE :

PLEASE PRINT IN BLOCK LETTERS.

PUSHPA DISCOUNT STORE, INC. IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. QUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, AND DISABILITY. ALL REQUIRED QUESTIONS MUST BE ANSWERED AND APPLICATION SIGNED. * - Optional Information.

LAST NAME : _____ FIRST NAME: _____ MIDDLE NAME: _____

PERMANENT ADDRESS : _____

CITY: _____ STATE : _____ ZIP CODE : _____ SOC. SEC. # : _____

HOME PHONE # _____ CELL # _____ EMAIL : _____

DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO WORK ? _____

ARE YOU EITHER A CITIZEN OF THE USA OR A NON-CITIZEN WITH A VISA AUTHORIZING YOU TO WORK IN THE USA ? _____ YES _____ NO

ARE YOU OVER 18 YEARS OF AGE ? _____ YES _____ NO DATE OF BIRTH * : _____ RACE * : _____

WHAT MADE YOU DECIDE APPLY WITH OUR COMPANY ? _____

POSITION APPLYING FOR : FULL TIME PART TIME SEASONAL : LIST SEASON(S)

WHAT DAYS AND HOURS ARE YOU AVAILABLE TO WORK ?

DAYS	SUN	MON	TUE	WED	THUR	FRI	SAT
AM							
PM							

WHAT LANGUAGES DO YOU SPEAK OTHER THAN ENGLISH ? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A THEFT RELATED MISDEMEANOR ? IF YES GIVE DETAILS ON A SEPARATE SHEET YES _____ NO _____

EMPLOYMENT HISTORY

BEGIN WITH THE MOST RECENT EMPLOYER AND ACCOUNT FOR YOUR LAST THREE YEARS . PLEASE ACCOUNT FOR ALL GAPS IN EMPLOYMENT NOT COVERED BY EDUCATION AND MILITARY SERVICE .

COMPANY NAME ADDRESS / PHONE # EMPLOYMENT DATES SUPERVISOR/TEL NO. WEEKLY SALARY REASON FOR LEAVING

COMPANY NAME	ADDRESS / PHONE #	EMPLOYMENT DATES	SUPERVISOR/TEL NO.	WEEKLY SALARY	REASON FOR LEAVING

EDUCATION HISTORY

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS OF SCHOOL	HIGHEST GRADE COMPLETED	MAJOR SUBJECT	DEGREE RECEIVED
HIGH SCHOOL					
COLLEGE					
OTHER					

REFERENCES

PLEASE PROVIDE TWO BUSINESS REFERENCES

NAME	
OCCUPATION	PHONE #
ADDRESS	YEARS KNOWN
NAME	
OCCUPATION	PHONE #
ADDRESS	YEARS KNOWN

It is the policy of PUSHPA , INC. not to discriminate against any employee or applicant for employment because of race , color , religion , sex , national origin , age , sexual orientation , marital status , or mental or physical disability.

Note: No applicant will be denied employment solely on the grounds of a conviction for a criminal offense . The nature of the offense , the surrounding circumstances and the relevance of the offense to the position for which you are applying will be considered.

As conditions of employment , I Agree :

1. If I an accepted as an employee , I agree to obey all rules , regulations and policies of PUSHPA , INC.
2. That if I am to be paid on a salary or a salary plus commission basis , where lawful , my salary will constitute my straight time pay for all hours worked in a workweek plus commissions earned if any.
3. To accept full responsibility for all merchandise and cash entrusted to me.
4. That I may be subject to transfer to other stores from time to time as the Company may deem necessary.
5. That I must be eligible for bonding through a bonding company selected by the Company.
6. To waive all rights to see or obtain any reference material about me that you may receive.
7. That my employment is at will , not for a fixed duration of time , and that it may be terminated with or without cause or notice at any time at the option of the Company or myself . I further understand that only the President of the Company has the power to enter into an employment agreement for a fixed period of time or contrary to the foregoing , and that such agreement must be in writing and signed by both parties.
8. I acknowledge that my employment may provide me directly or indirectly with the acquisition of information of a confidential nature pertinent to the business of the Company , and I do hereby promise not to disclose , reveal , discuss or advise anyone except authorized Company officials concerning such information.

I **HEREBY AFFIRM** that my answers to the foregoing questions are true and correct , and I understand that misrepresentation or omission of fact called for in this application , or other COMPANY RECORDS , may be cause for immediate dismissal without notice. I authorize inquiry and publication with regard to my character and ability of any and all persons and agree to hold such persons harmless with respect to any information that may give.

DATE	APPLICANT SIGNATURE
------	---------------------