

Position _____ Date _____

Easterly-Coleman Furniture Co.
Employment Application

NAME _____ AGE _____

BIRTHDATE _____ ADDRESS _____

PHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

DO YOU HAVE A VALID VIRGINIA DRIVER'S LICENSE? _____

DO YOU HAVE YOUR OWN TRANSPORTATION TO AND FROM WORK? _____

DO YOU HAVE ANY HEALTH PROBLEMS WHICH WOULD INTERFERE WITH
WAREHOUSE DUTIES OR DELIVERY DUTIES? _____

IF SO, WHICH? _____ BACK _____ KNEE _____
_____ JOINTS _____ OTHER _____

LIST UP TO (3) CHARACTER REFERENCES:

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

LIST YOUR PREVIOUS EMPLOYMENT HISTORY AND SPECIFY REASON FOR
LEAVING EACH:

EMPLOYER _____ PHONE _____

POSITION _____ HOW LONG? _____

EMPLOYER _____ PHONE _____

POSITION _____ HOW LONG? _____

(USE THE BACK OF THIS APPLICATION IF YOU NEED TO)

PARENT(S) NAME(S) _____ PHONE _____

NOTICE: I UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE A COPY OF MY DRIVING RECORD FROM THE VIRGINIA DEPARTMENT OF MOTOR VEHICLES. I HEREBY GIVE MY CONSENT TO A BACKGROUND CHECK AND DRUG SCREENING AS REQUIRED BY THE EMPLOYER. I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE ON A 90-DAY TRIAL BASIS.

SIGNED _____