



500 Volvo Parkway

Chesapeake, VA 23320

• USE BLACK INK PLEASE •

## **APPLICATION FOR EMPLOYMENT**

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NAME

RELATIONSHIP

PHONE #

OCCUPATION

PERS	LAST NAME	FIRST			MIDDLE	DATE	
	STREET ADDRESS	CITY	STATE	ZIP		SOCIAL SECURITY NUMBER (Last Four Only)	
	POSITION DESIRED?					HOME PHONE	
	HAVE YOU APPLIED FOR EN	MPLOYMENT WITH US PREVIOUSL	Y?			BUSINESS PHONE	
	MONTH & YEAR: LOCATION:					EXPECTED RATE OF PAY	
	JOB REQUIREMENTS BRIEF: ABLE TO UNLOAD STOCK FROM TRUCKS (MAX. 50 LBS.) STOCKING, PRICING, REGISTER OPERATION, ASSISTING CUSTOMERS AND GENERAL MAINTENANCE OF STORE. AFTER READING THE ABOVE JOB REQUIREMENTS, ARE YOU ABLE TO PERFORM ALL DUTIES INDICATED WITH OR WITHOUT REASONABLE ACCOMMODATION?						
O N	WHAT PROMPTED YOU TO	SELECT DOLLAR TREE AS A POTE	NTIAL EMPLOYER?				
A L	ARE YOU AVAILABLE FOR FULL TIME WORK? YES NO WHAT DAYS AND HOURS ARE YOU <b>NOT</b> AVAILABLE FOR WORK:					WILL YOU WORK OVERTIME IF NEEDED?	
	DO YOU HAVE RELATIVES OR FRIENDS WORKING FOR DOLLAR TREE STORES? YES NO					WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?	
	SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, ETC.)					ARE YOU LEGALLY ELIGIBLE FOR - EMPLOYMENT IN THE U.S.? YES NO * (PROOF OF ELIGIBILITY IS REQUIRED UPON EMPLOYMENT	
	ARE YOU 18 YEARS OF AGE OR OLDER? YES NO					IF YOU SERVED IN THE MILITARY, WERE YOU HONORABLY DISCHARGED? YES NO	
	SUBJECT TO VERIFICATION	N OF MINIMUM LEGAL AGE REQUIR	EMENTS				
EDUCA	(CIRCLE LAST YEAR COMPLETED) HIGH SCHOOL 1 2 3 4 GRADUATED? YES NO WHERE?						
	COLLEGE 1 2 3	4 GRADUATED?		RE?		DEGREES:	
AT-ON	LIST SPECIAL INTERESTS AND HOBBIES:						
EMPLOYMENT	FOR OFFICE USE ONLY Location # WOTC Conf #						
	DATE HIRED	STARTING DATE RATE OF	PAY FULL-		POSITION	REHIRE: YES	
Ϋ́ Μ						NO	
NT	IN CASE OF EMERGENCY CONTACT						
D A							

ADDRESS

	EMPLOYMENT HISTORY (SHADED AREAS FOR COMPANY USE ONLY)	PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMEN RECORD. START WITH PRESENT OR MOST RECENT EMPLOYER.	
	COMPANY NAME:	TELEPHONE: ( )	
	ADDRESS:	EMPLOYED (MO. & YR.) FROM: TO:	
	NAME OF SUPERVISOR:	RATE OF PAY START: LAST:	
	STATE JOB TITLE AND DESCRIBE YOUR WORK:	REASON FOR LEAVING:	
	VERIFIED COMMENTS:		
	COMPANY NAME:	TELEPHONE: ( )	
	ADDRESS:	EMPLOYED (MO. & YR.) FROM: TO:	
	NAME OF SUPERVISOR:	RATE OF PAY START: LAST:	
	STATE JOB TITLE AND DESCRIBE YOUR WORK:	REASON FOR LEAVING:	
-	VERIFIED COMMENTS:		
	COMPANY NAME:	TELEPHONE: ( )	
	ADDRESS:	EMPLOYED (MO. & YR.) FROM: TO:	
	NAME OF SUPERVISOR:	RATE OF PAY START: LAST:	
	STATE JOB TITLE AND DESCRIBE YOUR WORK:	REASON FOR LEAVING:	
	VERIFIED COMMENTS:		

## CERTIFICATION - PLEASE READ, SIGN AND DATE

All applicants for employment are judged solely on the basis of qualification and ability without regard to age, sex, race, national origin, religion, sexual orientation, marital status, disability, veteran status or other classification protected by law.

I acknowledge that the Company follows an employment – at – will policy, such that I or the Company may terminate my employment at any time for any reason. I understand that this application is not a contract of employment. I understand that to be employed, I must be lawfully authorized to work in the United States and show the Company documentation that will prove this.

I understand and agree that my previous employers may be contacted and that I may be asked to authorize the generation of a background report. I fully consent to and understand that Dollar Tree Stores may request information from public and private sources about any of the information noted in this application.

I hereby authorize, without reservation, any financial institution, credit agency, law enforcement agency, information service bureau, school, employer or insurance company contacted by Dollar Tree Stores to furnish the information described herein at any time during the application process and/or during any employment. I release them from all liability for doing so.

I certify that all the statements herein are true and accurate and understand that any falsification or omission shall result in dismissal.

Your Signature: \_\_\_

Date: \_\_\_\_