



**EMPLOYMENT APPLICATION**

New Deal, LLC d/b/a Against All Odds is an Equal Opportunity Employer

Please print clearly and complete both sides of this employment application.

**PERSONAL INFORMATION**

Last Name	First Name	Middle Initial	Date
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text" value="/ /"/>
Address		City	State      Zip Code
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/> <input style="width:95%;" type="text"/>
Home Phone Number	Mobile Phone Number	Email Address	
<input style="width:95%;" type="text" value="( ) -"/>	<input style="width:95%;" type="text" value="( ) -"/>	<input style="width:95%;" type="text"/>	
Are you 18 years of age or older ?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you 16 years or under 18 years of age and able to acquire or in possession of working papers?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If employment is offered, can you submit verification of your legal right to work in the United States?			Yes <input type="checkbox"/> No <input type="checkbox"/>

**PLACEMENT INFORMATION**

Position Applying for	Available for	Available Start Date	Desired Pay Rate
<input style="width:95%;" type="text"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/>	<input style="width:95%;" type="text" value="/ /"/>	<input style="width:95%;" type="text"/>
Availability (Please specify)			
Sunday	Monday	Tuesday	Wednesday
<input style="width:95%;" type="text" value="-"/>	<input style="width:95%;" type="text" value="-"/>	<input style="width:95%;" type="text" value="-"/>	<input style="width:95%;" type="text" value="-"/>
Thursday	Friday	Saturday	Every Week
<input style="width:95%;" type="text" value="-"/>	<input style="width:95%;" type="text" value="-"/>	<input style="width:95%;" type="text" value="-"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been employed by New Deal, LLC dba Against All Odds ?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, When	Where (Location, Store Number)	Position	Reason for Leaving
<input style="width:95%;" type="text" value="/ /"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name of a relative(s) or friend(s) employed by New Deal, LLC.			
Name	Location		<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
Name	Location		<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>

**EDUCATION AND TRAINING**

Type	Name and Location	Circle Number of Year(s) Completed	Graduated
High School	Name	1   2   3   4	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location		
College	Name	1   2   3   4	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location		
Other	Name	1   2   3   4	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location		

**EMPLOYMENT HISTORY**

PLEASE START WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT.

Dates MM/YY	Employer Name and Address	Position/Supervisor	Reason for Leaving	May we contact your supervisor?
From	Name	Your Position		Yes <input type="checkbox"/> No <input type="checkbox"/>
/				
To	Address	Supervisor		Phone Number
/			( ) -	
From	Name	Your Position		Yes <input type="checkbox"/> No <input type="checkbox"/>
/				
To	Address	Supervisor		Phone Number
/			( ) -	
From	Name	Your Position		Yes <input type="checkbox"/> No <input type="checkbox"/>
/				
To	Address	Supervisor		Phone Number
/			( ) -	

**PROFESSIONAL REFERENCES**

Name	Phone Number	Job Title	Relationship
	( ) -		
	( ) -		
	( ) -		

**READ CAREFULLY :** I certify that the information contained in the application is correct to the best of my knowledge and I understand that my misstatement or omission of information may result in denial of employment or discharge. I authorize the references 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 all parties from all liability for any damages that may result from furnishing same to you.

Applicant's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**STORE REVIEW ONLY**

Store Manager (Print Name)	Signature	Date	
		/ /	
DM/ZM (Print Name)	Signature	Date	
		/ /	
Date of Hire	Store #	Position	Starting Pay Rate
/ /			\$