



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, gender national origin, age, disability, marital or veteran status

Please read the entire form and answer all questions, indicating "None" where applicable. Answers should be typed, printed, or carefully written in ink so that they are clear and readable. Resumes are not accepted in lieu of information needed on this application. This application must be completed before an offer of employment may be considered.

Date of Application: _____ Position Applied For: _____

Full Legal Name: _____
First M.I Last

Email Address: _____ Phone #: _____

Mailing Address: _____
Number Street City State Zip

How did you learn about the job opportunity? _____

Were you referred by a current/previous employee? Name & Relationship: _____

Proof of citizenship or immigration status is required upon employment.

Have you ever been employed by Walker Furniture or any of their affiliates? Yes No

If "Yes," What where did you work: _____

Do we currently employ a member of your household or family? _____

If "Yes," what is the member of your household or family's name? _____

Are you over the age of 18 years? Yes No (If No, you may be required to provide authorization to work.)

Have you ever been convicted of a crime (other than minor traffic violations), or are you awaiting trial for a crime?

(Answering yes, does not automatically disqualify an applicant from consideration) Yes No

If "Yes," please explain: _____

Are you currently employed? Yes No ; What date are you available to start working? _____

Are you seeking Part-time or Full-time? _____

What schedule are you available to work? Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Are you able to work Holidays? Yes No ; Are you able to work Evenings? Yes No

Are you able to speak more than one language? Yes No

If "Yes," please indicate which language(s) and your level of fluency: _____

EMPLOYMENT EXPERIENCE

Begin with your present or last job and list all employment for the last 10 years. Explain all gaps in employment and attach additional sheets if necessary. (Do not substitute your resume for this information). Include any job-related work or volunteer activities. You may exclude volunteer organizations when you feel it is appropriate.

Employer:	Dates Employed:		Description of Duties:
	From:	To:	
Job Address & Phone:			
Job Title:	Supervisor:		
Reason for Leaving: <input type="checkbox"/> Resignation / <input type="checkbox"/> Involuntary Termination / <input type="checkbox"/> Layoff Explain:			

Employer:	Dates Employed:		Description of Duties:
	From:	To:	
Job Address & Phone:			
Job Title:	Supervisor:		
Reason for Leaving: <input type="checkbox"/> Resignation / <input type="checkbox"/> Involuntary Termination / <input type="checkbox"/> Layoff Explain:			

Employer:	Dates Employed:		Description of Duties:
	From:	To:	
Job Address & Phone:			
Job Title:	Supervisor:		
Reason for Leaving: <input type="checkbox"/> Resignation / <input type="checkbox"/> Involuntary Termination / <input type="checkbox"/> Layoff Explain:			

EDUCATION

High School:	Course of Study:	Years Completed: (circle one) 9 10 11 12	Diploma/GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location:			

College/Undergraduate	Course of Study:	Years Completed: (circle one) 1 2 3 4	Diploma/Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location:			

Graduate School	Course of Study:	Years Completed: (circle one) 1 2 3 4	Diploma/Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location:			

Trade School	Course of Study:	Years Completed: (circle one) 1 2 3 4	Diploma/Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location:			

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

List any specialized training, trade business, civic activities, honors, office held, apprenticeship, certification, skills and extra-curricular activities that you may want us to consider.

CERTIFICATION AND AGREEMENT

Please read all information below carefully before signing.

I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. Any offer of employment is contingent upon successfully passing of both Drug and Background Screenings. Any misrepresentation, false information or omission of facts in my application or any attachments to my application may result in refusal of employment, rescinding an offer of employment or if employed, termination of employment.
2. It is my understanding that the Company will make a thorough investigation of my work, education and personal history and may verify all data given in my application, related papers or oral interviews. The Company may also request an investigative consumer report, including information on my character, criminal history, convictions, general reputation, personal characteristics and mode of living, if applicable, pursuant to the Fair Credit Reporting Act. I authorize such investigation, the giving and receiving of any information requested by the Company, and I release from liability any person giving or receiving such information. I have the right to request in writing disclosure of the nature and scope of the investigative consumer report requested by the Company. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may result in refusal of employment, rescinding an offer of employment or if employed, termination of employment
3. I may be required to take a drug test and/or physical examination, urine or hair test at any time at company expense, to determine if I am alcohol or drug free and physically fit for the job I am responsible to perform. Failure to submit to such testing may result in termination. I authorize any physician, including my personal physician, to release information to the Company which may be necessary to determine my fitness to perform my job duties.
4. At any time, a Company representative is authorized to request that I submit to a search of my person, purse, bags, backpack, packages in my possession, or any locker, desk or files that may be assigned to me. I understand that my refusal to submit to such a search may result in termination. I hereby waive all claims for damages resulting from such examination.
5. That the Company can change conditions of employment, wages, benefits and working conditions at any time and that I may be required to work overtime, weekends or on holidays.
6. I understand that the Company may, from time to time, establish rules, policy, regulations, procedures and disciplinary action guidelines, of which some may be put in writing. In consideration of my employment, I agree to conform to all applicable rules, policies, procedures and instructions. I understand that there is no company policy, rule, handbook, procedures or disciplinary action that is intended by the Company to create an obligation of continued employment.
7. This document is an application for employment and continued or permanent employment is not being offered. I hereby understand and agree that my employment, both during and after any introductory training/orientation period, is contingent upon a variety of business, performance and conduct factors and that nothing in this application or any other company document shall be deemed to create any contract of continued employment between me and the Company. I further understand that my employment can be terminated at will, at any time by myself or the Company for any reason or for no cause. I understand that employment beyond any introductory training or orientation period or employment for a number of years shall not result in any heightened expectation or obligation of continued employment by the employer. I understand that any conversations, statements to the contrary, oral or written, are expressly disavowed and are not to be relied upon by me. I clearly understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing except in a written document signed by the President of the Company.
8. If I am employed in a classification governed by a collective bargaining agreement and if the collective bargaining agreement and the above terms and conditions conflict, the language of the collective bargaining agreement will control.

Please Note: Each company identified on the front of this application is operated independently and distinctly from the others. Company policies and procedures vary among the companies and no company is obligated to operate in a similar manner required by another.

MUTUAL ARBITRATION AGREEMENT

I understand that I am signing this Arbitration Agreement as a Condition of Employment. To the fullest extent allowed by law, any claim, disagreement, controversy or dispute between an applicant or employee and the Company (and/or its affiliates, divisions, owners, shareholders, directors, partners, members, officers, managers, supervisors, agents, co-workers, employees or volunteers), relating to or arising out of your employment or the cessation of that employment, will be submitted to final and binding Arbitration before a neutral arbitrator in the county in which you work(ed). Determination shall be in accordance with the American Arbitration Association's National Rules for the Resolution of Employment Disputes as the exclusive remedy for such claim, dispute or controversy. By agreeing to this binding Arbitration provision, both you and the Company give up all rights to a trial by jury. This bi-lateral arbitration agreement shall be construed as broadly as is permissible under applicable law.

In any such matter a written decision stating the essential findings and conclusions on which the award is based shall be rendered. It shall have full authority to identify and award remedies that are available. Any judgement upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof to establish that the matter has been addressed and a final resolution has been reached. This agreement covers, but is not limited to, claims of unpaid wages, breach of contract, torts, violation of public policy, discrimination, harassment, or any other employment-related claims under laws including but not limited to, Title VII of the Civil Rights Act of 1964, the Americans With Disabilities Act, Title II of the Genetic Information Nondiscrimination Act of 2008, the Nevada State Labor Code, and any other statutes or laws relating to an employee's relationship with his/her employer, regardless of whether such dispute is initiated by the employee or the Company.

I have read and understand the above and agree to abide by Walker Furniture policies, procedures, instructions, practices and professional Standards of Conduct. I further understand that I may not be made an offer of employment or have my employment terminated at any time if I fail to do so.

Applicant's Signature

Date

VOLUNTARY SELF-IDENTIFICATION FORM

We are required by governmental recordkeeping and reporting requirements to collect this data. In order to comply with these laws, we invite our employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential and will only be used in accordance with the provisions of applicable laws, including those that require the information to be summarized and reported to the federal government. When reported, data will not identify any specific individual. Choose the category with which you most closely identify.

Applicant Name _____ Date _____

Gender: Male Female

Race/Ethnicity:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Yes No

If you answered *no* to the question above, please select the appropriate designation below:

- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliations or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

VETERANS

Federal regulations also require that we take affirmative action to provide equal employment opportunity to the disabled, Vietnam Era and other Veterans. Please identify your Veteran status.

Veteran Status: Vietnam Era Veteran Disabled Veteran Other Veteran Non-Veteran

DISABILITY

If you have a disability that you wish for us to consider, please indicate by checking the box below, describe your disability and what accommodation is needed, if any.

I have a disability I need work accommodation I do not have any disability

I understand the reason for this request for voluntary self-identification as stated above and I:

Opted to complete this form Choose to decline

If you have any questions regarding this form, please contact the Human Resource Department.

Applicant Signature _____ Date _____