

Tai Pan Trading

WHOLESALE HOME DECOR

Application for Employment

Location applying for (please check one):

- | | |
|---|--|
| <input type="checkbox"/> SLC, UT - FAX 801-266-1082
CORPORATE / DISTRIBUTION CENTER | <input type="checkbox"/> RANCHO CUCAMONGA, CA
FAX - 909-694-0768 RETAIL STORE |
| <input type="checkbox"/> SANDY, UT - FAX 801-233-0616
RETAIL STORE | <input type="checkbox"/> OREM, UT - FAX 801-224-0066
RETAIL STORE |
| <input type="checkbox"/> CLEARFIELD, UT - FAX 801-779-6019
RETAIL STORE | <input type="checkbox"/> TPT HOME - COSTA MESA, CA
FAX - 657-269-5574 RETAIL STORE |
| <input type="checkbox"/> ST. GEORGE, UTAH - FAX 435-986-7502
RETAIL STORE | <input type="checkbox"/> BOISE, ID PHONE - (208) 321-8283
RETAIL STORE |
| <input type="checkbox"/> LOGAN, UT - PHONE 435-557-0700
RETAIL STORE | <input type="checkbox"/> IDAHO FALLS, ID -
RETAIL STORE |

PH INTERVIEW _____
1ST INTERVIEW _____
2nd INTERVIEW _____

(OFFICE USE ONLY)

TAI PAN TRADING REV 01-16

APPLICANT INSTRUCTIONS: Please fill out this application completely even if you attach a resume. Applications are accepted for open positions only and will be retained for one calendar year. Qualified applicants will receive equal consideration. No question is asked for the purpose of excluding any applicant on the basis of race, color, national origin, religion, age, gender, disability, or any other factor prohibited by federal or state laws and/or regulations. Tai Pan Trading is an equal opportunity employer.

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER WITH AREA CODE DAYTIME _____ CELL _____ EVENING _____ OTHER _____	REFERRED BY	EMAIL ADDRESS	

POSITION APPLYING FOR	DATE YOU CAN START
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED WITH TAI PAN BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?	HAVE YOU EVER WORKED FOR TAI PAN BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?
PLEASE LIST ANY RELATIVES EMPLOYED BY TAI PAN:	

AVAILABILITY FOR WORK

TYPE OF WORK DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	WHAT HOURS ARE YOU AVAILABLE TO WORK?
WILL YOU WORK OVERTIME DURING THE WORK WEEK IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU WORK WEEK-END OVERTIME IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY ON-GOING OBLIGATIONS OR OTHER PERSONAL COMMITMENTS THAT WOULD AFFECT YOUR WORK SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE:	
IF THE JOB YOU ARE APPLYING FOR REQUIRES TRAVEL, ARE YOU ABLE AND WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A IF NO, PLEASE DESCRIBE RESTRICTIONS:	

BACKGROUND / PERSONAL

IF REQUESTED, WOULD YOU BE WILLING TO TAKE A DRUG/ALCOHOL SCREENING EXAM AS A CONDITION OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO
CAN YOU PROVIDE DOCUMENTED PROOF OF U.S. CITIZENSHIP OR PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN DISCIPLINED OR TERMINATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION, EXCEPT A MINOR TRAFFIC VIOLATION? YES NO
 (A CRIMINAL RECORD DOES NOT AUTOMATICALLY BAR EMPLOYMENT)

IF YES, PLEASE PROVIDE DETAILS:

COMPENSATION

DESIRED SALARY:	OTHER DESIRED BENEFITS:
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EDUCATION AND TRAINING

	SCHOOL NAME CITY AND STATE	# YEARS ATTENDED	DID YOU GRADUATE?	MAJOR SUBJECTS, SPECIAL COURSES DEGREES OBTAINED
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
OTHER EDUCATION				
LICENSES AND CERTIFICATIONS				
OTHER SKILLS				
SPECIAL HONORS OR AWARDS				

WORK REFERENCES: Please provide a minimum of two, preferably three former Supervisors/Managers.

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

EDUCATIONAL REFERENCES: Please provide a minimum of two current or previous professors or teachers, if the job you are applying for requires a degree or if this is your first job and you do not have any work references.

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

CHARACTER REFERENCES: Please provide a minimum of two people who are not related to you.

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

EMPLOYMENT RECORD: PLEASE DO NOT indicate “see resume”.

Give a complete account of your previous employment, including starting and ending salaries. Begin on the first line with your present or most recent position and work back at least seven years. *Please attach an additional sheet if necessary and include all periods of unemployment.*

MONTH/YR STARTED	<u>NAME, ADDRESS, & PHONE OF MOST CURRENT EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, & PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, & PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, & PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, & PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		

CERTIFICATE OF APPLICANT (Please read carefully before signing.)

All information provided by me on this application is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or if employed, may result in subsequent dismissal. I hereby authorize all former employers, educational institutions, personal references and others identified hereon, including their employees or representatives, to furnish or provide full and complete reports, documents or information to Tai Pan Trading or its representatives concerning my prior educational and work histories, criminal and driving records, or other information I have provided hereon. I waive, release, indemnify and hold harmless Tai Pan Trading, its subsidiaries or affiliate companies, employees and representatives and all other persons or entities from all liability and all claims of any nature whatsoever pertaining to the disclosure or use of information or written material as described above. I understand this is a preliminary application and not a contract to employ me. **Furthermore, in the event I am employed, I understand that the employment relationship is AT WILL, which means that I, the employee, or Tai Pan Trading, the employer, may terminate the relationship at any time, for any reason, with or without cause.** I understand that any employment agreement to the contrary must be in writing and approved by the Company's Chief Executive Officer or President. If employed, I agree to comply with all rules of the company as a condition of continued employment.

DATE _____

SIGNATURE OF APPLICANT _____

EQUAL OPPORTUNITY EMPLOYER

Tai Pan Trading is an Equal Opportunity Employer. Completion of this form is voluntary and is not a requirement of employment. This information will be kept confidential and will be maintained separately from your application for employment. We hope that you will complete this form to assist us in recording information for statistical reports that we are obligated to file periodically with various government agencies.

Name _____

Date _____

Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Race/Ethnic Group Identification: <input type="checkbox"/> African-American <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino
Age: <input type="checkbox"/> 20 and under <input type="checkbox"/> 21 – 40 <input type="checkbox"/> 41 – 70 <input type="checkbox"/> Over 71
Military Status (if applicable): Special Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Vietnam ERA Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Other Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date of release or discharge (if within the past twelve months)