



Prospective employees will receive consideration without discrimination on the basis of race, color, sex, age, national origin, religion, disability, sexual or affectional preference, veterans' or ex-offender status.

# APPLICATION FOR EMPLOYMENT

**(PLEASE PRINT)**

Last Name	First	Middle	Date
Address (Street)			Home Phone ( )
City, State, Zip			Social Security #
Alternate Phone ( )	Email		

## POLICY

**This company has a drug free policy and may perform intoxicant screenings. Not passing an intoxicant screening will be cause for dismissal or refusal to hire.**

Have you ever been convicted of a crime?  Yes  No    If so, when? \_\_\_\_\_

If yes, describe in full. \_\_\_\_\_

**(Attach additional sheets if necessary. Answering yes to this question does not automatically disqualify you for a position at The Stanley Works)**

Are you lawfully employable in the US through citizenship or by authorization from the Immigration and Naturalization Service (INS) and the Labor Dept.?  Yes  No

## EMPLOYMENT DESIRED

Position desired? \_\_\_\_\_    Pay desired? \_\_\_\_\_    Date you are available? \_\_\_\_\_

Are you over 18 years of age?  Yes  No    If not, how old are you? \_\_\_\_\_

Are you interested in  Full time?  Part time?

What hours are you available to work?  Days  Evenings

If applying for a sales position, please indicate geographic location. \_\_\_\_\_

Are you employed now?  Yes  No    If so, may we contact your present employer?  Yes  No

Have you ever applied to our company before?  Yes  No    If so, when? \_\_\_\_\_

How did you learn of this employment opportunity with The Stanley Works?

Advertisement     Internet/Website     Employee Referral \_\_\_\_\_

Agency/Recruiter     State/Government Listing     Other \_\_\_\_\_

Are you willing to travel?  Yes  No    If yes, what percent? \_\_\_\_\_

Are you willing to relocate?  Yes  No

## EMPLOYMENT HISTORY

**(ALL INFORMATION MUST BE COMPLETED EVEN IF RESUME IS INCLUDED)**

Please begin with your present or most recent employer and account for your last four positions or 10 years, whichever is greater. Include military and temporary experience. Also account for any periods of unemployment. Attach additional sheets if necessary.

COMPANY		JOB TITLE	
TELEPHONE NUMBER	DATES EMPLOYED (mm/yy) <b>FROM:</b>	(mm/yy) <b>TO:</b>	
STREET ADDRESS	CITY	STATE	ZIP CODE
DESCRIPTION OF DUTIES		CURRENT/LAST RATE OF PAY:	
SUPERVISOR'S NAME (FIRST) (LAST)		Supervisor Email address	
DID YOU HAVE A DIFFERENT NAME WHILE WORKING HERE? IF SO, PLEASE LIST:		REASON FOR LEAVING	
COMPANY		JOB TITLE	
TELEPHONE NUMBER	DATES EMPLOYED (mm/yy) <b>FROM:</b>	(mm/yy) <b>TO:</b>	
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STREET ADDRESS		CITY	STATE	ZIP CODE
DESCRIPTION OF DUTIES				
			CURRENT/LAST RATE OF PAY:	
SUPERVISOR'S NAME (FIRST) (LAST)			Supervisor Email address	
DID YOU HAVE A DIFFERENT NAME WHILE WORKING HERE? IF SO, PLEASE LIST:			REASON FOR LEAVING	

## EDUCATIONAL HISTORY

SCHOOL	NAME- -CITY-STATE	CIRCLE LAST YEAR COMPLETED	DEGREE (CIRCLE ONE)	MAJOR COURSE OF STUDY
High School	Name	9 10 11 12	Yes No GED	
	City, State			
College	Name	1 2 3 4	Yes No	
	City, State			
Graduate	Name	1 2 3 4	Yes No	
	City, State			
Business College/ Vocational School	Name	1 2 3 4	Yes No	
	City, State			
Additional Education	Name			
	City, State			
		<b>Level Attained</b>		<b>Type</b>
Apprenticeship				

## SPECIAL SKILLS AND QUALIFICATIONS

PLEASE SUMMARIZE YOUR QUALIFICATIONS AND SPECIAL SKILLS WHICH SUPPORT YOUR APPLICATION FOR THIS POSITION.\*


\*YOU MAY INCLUDE MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS AND/OR SPECIAL LANGUAGE SKILLS

## PROFESSIONAL LICENSES, CERTIFICATES OR DESIGNATIONS

INCLUDE DRIVER'S LICENSE IF REQUIRED FOR POSITION OF INTEREST

TYPE	STATE	LICENSE NUMBER (not to include state Drivers License)	EXPIRATION DATE


## REFERENCES

<b>Business Reference</b> Name	e-mail address	Phone	Business	Years Acquainted
<b>Business Reference</b> Name	e-mail address	Phone	Business	Years Acquainted
<b>Business Reference</b> Name	e-mail address	Phone	Business	Years Acquainted

**PLEASE LIST ANYONE INCLUDING FAMILY YOU KNOW  
CURRENTLY WORKING FOR THE STANLEY WORKS**

Name	Relationship
Name	Relationship
Name	Relationship

## PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information on this application is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge at the time it is discovered.

I authorize the release of any and all information concerning my previous employment/education and any pertinent information that my prior employers/schools may have, personal or otherwise. I also understand that The Stanley Works may conduct a background check on me in areas appropriate to my employment. I release all parties from all liability for any damage that may result from providing the above information to The Stanley Works.

I understand statements which may be contained in policies, practices, handbooks and other company material do not create any contract, express or implied, or guarantee of employment. I understand that my employment is At Will and may be terminated at any time, either by me or by the company, with or without cause.

I understand the company has a drug free policy and that prior to employment, or at any point during the course of my employment, I may be required, to the extent permitted by law, to take an intoxicant screening or similar test or examination, as a condition of employment. In an effort to determine fitness for duty, I understand that applicants and employees may be required to take a physical examination.

I have read and understand this applicant statement and voluntarily agree with it.

Signature

Date



# Consumer & Investigative Reporting Disclosure

[ to be distributed and received with every employment application ]

The Stanley Works hereby discloses that it may obtain a consumer report or an investigative consumer report for purposes of considering an application for new or continued employment. This is a requirement of the federal Fair Credit Reporting Act, which is designed to promote accuracy, fairness, and privacy of information.

Tear or ✂ here ↓



## Consumer & Investigative Reporting Disclosure Applicant Acknowledgement

By signing below, I authorize that a thorough investigation may be made in connection with this employment application concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, employment and educational backgrounds, any criminal record, and mode of living, whichever may be applicable, for employment purposes.

**IMPORTANT - The signed portion of this form must be retained in the Associate's personnel file, if the applicant is hired.**

Print Applicant's Full Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Social Security Number  -  -

Date Signed (mmddyyyy)  -  -