Application for Employment

Wal-Mart Stores, Inc.

osition(s) that you are applyin	a for			
	-			
osition/Job title(s): ob number: (if applicable)		-		
	Rate of pay expected:	Date you can start work:		
bout you				
ease print your name as it appears on	your Social Security Card.			
Last Name:	First Name:	Middle Name:		
Social Security Number:	Street Address:	Telephone Number:		
E-Mail Address:	City:	Alternate Number:		
	State: Zip Code			
Are you 18 years of age or older?	Will you be able to show evi tity and work authorization days of your hire date?		equire worl	
Yes No No If under 18, the applicant will be required to subr birth certificate or work certificate as required by or federal laws.	nit a Yes No	Yes No No		
ame employed under (if your name is st relatives employed by Wa	now different) Imart, their relationship to y	son for Leaving you, and where they work.		
ducation (check the highest level	or equivalent completed)			
Elementary (grade level)	High School (grade le	High School (grade level) College/University/Technical (years)		
	9 🗌 10 🔲 11 🗌	12 0 1 2 3 4 0		
8 🔲 (or less)	Name of the	college, university or technical school attended/att	tending:	
8 [] (or less) Are you currently a student?				
Are you currently a student? Yes No No Availability Days Availability Availabili		earliest time and latest time that you can work each	-	
Are you currently a student? Yes No No Availability Days Availability Days Area below the student of the student model of the student m	atches your availability, tell us the e	earliest time and latest time that you can work each	day. aturday	

assistance with the application and/or hiring process to accommodate a disability.

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Employment History

List your entire employment history, beginning with your current employer. For any unemployed or self-employed periods, provide dates and locations. (Attach additional sheets if necessary.)

If you are currently employed, may we contact your current employer? Yes I No I

Company Name: Address: City, State: Zip: Phone:	Your job: Supervisor: Dates Employed: From To	Last pay rate: Reason for leaving:
Company Name: Address: City, State: Zip: Phone:	Your job: Supervisor: Dates employed: From To	Last pay rate: Reason for leaving:
Company Name:	Your job: Supervisor: Dates employed: From To	Last pay rate: Reason for leaving:
Company Name: Address: City, State: Zip: Phone:	Your job: Supervisor: Dates employed: From To	Last pay rate: Reason for leaving:

References

List two people (not relatives) you have worked with who we may contact.

Name:	E-mail:	Phone:
Name:	E-mail:	Phone:

IMPORTANT - We are glad you are interested in joining the Walmart team. Please read the following statements carefully and return this application.

Wal-Mart Stores, Inc., in considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background. I have read, understand and agree to this statement. (Please initial here.)

I understand that Wal-Mart Stores, Inc. has a commitment to maintain an alcohol/drug-free workplace and that Walmart, unless prohibited by state law, requires a drug screening test as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If after a second confirmatory test using the gas chromatography/mass spectrometry method, it is determined my specimen contains a controlled substance or was adultered or substituted, I will be disqualified from consideration for employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug-testing under certain circumstances during my employment. I have read, understand, and agree to this statement. (Please initial here.)

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired, I will be able to resign at any time for any reason. Likewise, the company can terminate my employment at any time with or without cause, unless otherwise required by law. I further understand that no one other than the President of Wal-Mart Stores, Inc., or Vice President of its People Division has the authority to enter into an employment contract or agreement with me, and that my at-will employment can be changed only by a written agreement signed by the President of Wal-Mart Stores, Inc. I have read, understand and agree to this statement. (Please initial here.)

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to complete a new application and file it with the company. Otherwise, the company will not consider me for employment after this application expires.

Date of Application ____

Signature _____

(as appears on Social Security Card)

WMP - 24 Z [9951356]

 Wal-Mart Stores, Inc. will provide a reasonable accommodation during the application
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 and/or hiring process for individuals with disabilities. Please advise us if you need
 assistance with the application and/or hiring process to accommodate a disability.

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