EMPLOYMENT APPLICATION

1. **Employer Information** Employer: Austin Books & Comics Address: 5002 N Lamar Blvd City/State/ZIP: Austin, Texas 78751 Telephone: 512-454-4197 It is the policy of Austin Books & Comics to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status. 2. **Applicant Information** Applicant Name: Address: City/State/ZIP: Number of years at this address: Daytime phone: _____ Evening phone: ____ Social Security Number: Driver's License (State/Number): 3. **Emergency Contact** Who should be contacted if you are involved in an emergency? Contact Name: Relationship to you: Address: City/State/ZIP: Evening phone: Daytime phone: Job Position Applied For:_____ 4. Salary Desired: \$ _____ per ____ 5. Who referred you to our company? 6. Have you applied to our company previously? _____ Yes ____ No 7.

_____ Yes ____ No

If yes, when?

Are you at least 18 years old?

8.

9.	If no, please state any limitations:	thts and weekends? Yo	es No				
10.	If applicable, are you available to work overtime? Yes No						
11.	If you are offered employment, when would you be available to begin work?						
12.	Are you able to perform the essential functions of the job position with or without reasonable accommodation? Yes No						
	What reasonable accommodation, if any, would	you require?					
13.	Applicant's Skills						
seekir	those skills that you have. List any other skills that generate the number of years of experience, and cability for each particular skill. (One represents poors.)	ircle the number which corre	esponds to				
SI [] [] []	Answering telephones Filing	Years of Experience	Ability or Rating 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5				
14.	Applicant Employment History						
Emplo Super Addre City/S Job D Reaso	State/ZIP:						

Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
15. Applicant's Education and Training	
College/University Name and Address	
Did you receive a degree? Yes No If yes, degree received	l:
High School/GED Name and Address	
Did you receive a degree? Yes No	
Yes No	
Other Training (graduate, technical, vocational):	
Awards, Honors, Special Achievements:	
Military Convices	
Military Service:	
Yes No Branch:	
Specialized Training:	
16 Deferences	

16. References

Name:					
Address:					
City/State/ZIP:					
Гelephone:					
Relationship:					
Name:					
Address:					
City/State/ZIP:					
Telephone:					
Relationship:					
17. Please pro	ovide any oth	ner informatio	on that you belie	ve should be	considered:

List any two people who would be willing to provide a reference for you.

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Austin Books & Comics to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Austin Books & Comics, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE AND AGREE TO ITS TERMS.	CERTIFICATION AND I UNDERSTAND
APPLICANT SIGNATURE	 DATE