

Please, do not fill this application out in your internet browser. Instead, save this to your computer and use Adobe Acrobat/Reader or a PDF editor to fill out this application.

Lowe's Pay and Save Inc. 1804 Hall Avenue Littlefield, Texas 79339

"Position applied for" and "Store Location" are required to select.

## **Employment Application**

To Applicant: We are an equal opportunity employment company. We are dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, disability or any other characteristic by law.

## **Personal Information**

Position	applied for:	Store Location:			Da	ite:
Name:_		First.		Telephone No.:		
Address	Last	First		Middle		
Address	Street Number			City	State	Zip
Are you	willling to work less than 40 hours?	Yes No	Days and I	nours you are not available to work:		
Date av	vailable to start working if hired:			Are you willing to relocate	e? Yes	No
List any	y of your relatives or family that work	or the company:				
Are you	legally entitled to work in the United	States?				
Do you have a valid driver's license?				Are you 18 or o	lder? Yes	No
Have yo	ou ever been convicted of a felony or	misdemeanor? Yes	No	If yes,please describe in detail:		
			Record of	Education		
High Sc	chool:		0.4		State	
Highest			City	Did you graduate		
	pusiness, correspondence school:					
rrado, c	susiness, correspondence school.	Name		City	9	State
No. of y	rears completed:			Area of study:		
College:	:Name		City		State	
Did you graduate?			,	No. of years com		
-	=			Degree:		
-						
	Total of a state of a special state in the					
•	Pay and Save Inc., d/b/a Lowe's:	r company? If Yes, pleas		and please give the location and dates	during which	h you were employed.
,	give an accurate, complete full-time a					
1.						
	Address:		City	State		Zip
	Telephone number:					
	Job title and type of work:					
	Name of supervisor					
	Dates employed:	-rom:		Start rate of pay:		
		To:		End rate of pay:		
	Reason for leaving:					

2.	Company name:				
	Address:		City	State	Zip
	Telephone Number:		,	- Cuito	
	Job title and type of work: _				
	Name of supervisor:				
	Dates employed:	From:		Start rate of pay:	
		To:		End rate of pay:	
	Reason for leaving:				
3.	Company name:				
	Address:		City	State	Zip
	Telephone Number:		- 4		Zip
	Name of supervisor:				
	Dates employed:			Start rate of pay:	
				End rate of pay:	
	Reason for leaving:				
Please lis	st the names of two personal c	ontacts no related to you, who	om you have known at	least one year.	
1.	Name:			Telephone Number:	
	Address:		01	0	
	Years acquainted:		City	State	Zip
2.	Name:			Telephone Number:	
	Address:				
	Years acquainted:		City	State	Zip
ÁMay we o			lf r	not, please indicate by number:	
IMPOR	TANT - READ BEFORI	CICNING			
I understa definite p it may au to investi seeking s termination information agents, a	and cerif employed: 1) Any meriod and I may, regardless of thorize, shall be entitled, withogate all references and to secuch information and all other on of employment to furnish to contained in this application deammates from any and a	isrepresentation or omission the date of payment of my wa out further consent, to copyrigure additional information ab- persons, corporations, or orgo to others information concernia, or copies of any information Il liability regarding the releasing	ages and salary, be ten ht, sell or use in any mout me, if job related. I anizations for furnishin ng my employment red which is maintained in e of any infol{ ation de	is application is cause for dismissal; arminated "at will" wic@ut prior notice. Loanner, any picture or photograph of me hereby release from liability @ Emplog such information. Lowe's shall have cord, work habits, and work performar my personnel file. I specifically release scribed in this paragraph. This applicat lered for employment, it will be necessal	owe's and any person or entity. I give the Employer the righ oyer and its representative for the right at any time after the nee with Lowe's, including the be Lowe's, its officers, directors ion is current for only 60 days
A sign	ature is not required	when submitting onl	ine. Upon your i	nterview we will ask you to	sign the application
Date: _			SIGNATURE OF APP	LICANT:	
STORE N	//ANAGER'S SIGNATURE OR	COMPTROLLER'S SIGNAT	URE:		
Interview	ed by:		[	Date interviewed:	
Date hire			P	osition:	