

[www.mattressdiscounters.com/careerops.html](http://www.mattressdiscounters.com/careerops.html)

**FOR YOUR COMFORT**  
*Good night's sleep on us*



*Application For Employment*

**MATTRESS**  
DISCOUNTERS®

*Have a good night's sleep on us.®*

# Thank You for your interest in joining our team!

MATTRESS DISCOUNTERS IS A DRUG FREE AND EQUAL OPPORTUNITY EMPLOYER

## Personal Data

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Available start date

PLEASE TYPE OR PRINT

1. Position applied for \_\_\_\_\_

2. How did you learn about this position? \_\_\_\_\_

3. Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First MI

4. Address \_\_\_\_\_  
Street City State Zip County

5. Previous \_\_\_\_\_  
Street City State Zip County

6. Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

7. Are you under 18 years of age? Yes  No  If yes, state date of birth \_\_\_\_\_

8. Are you legally eligible for employment in the U.S.? Yes  No

9. Have you ever been convicted of a crime, including traffic offenses? Yes  No  If yes, please explain below, giving information including date of conviction, what the conviction was for, any penalty imposed and circumstances explaining the situation. Also, please state whether the conviction was for a federal, state or local crime. A conviction record will not necessarily be a bar to employment. (Please note that by signing this application you authorize us to obtain criminal record information from law enforcement authorities). **CALIFORNIA APPLICANTS ONLY:** Do not include convictions for violation of California Health and Safety Code sections 11357(b) or (c), 11360 (c), 11364, 11365 or 11550 or their statutory predecessors as they related to marijuana prior to January 1, 1976; any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated; or any misdemeanor conviction which has been judicially dismissed, e.g. pursuant to Penal Code section 1203.4. Do not provide any information concerning a referral to and/or participation in any pre-trial or post-trial diversion program. **MASSACHUSETTS APPLICANTS ONLY:** Do not include convictions that occurred five or more years prior to the date of application for employment. \_\_\_\_\_

10. If you are applying for a position which requires driving, please answer the following question: has your privilege to operate a motor vehicle ever been denied, suspended or revoked? (Only candidates applying for a position which requires driving need to answer this question. CA applicants should not answer this question.): Yes  No  If yes, please explain. Please list all unexpired driver's licenses and permits. (Please note that by signing this application you authorize us to obtain information about you from the appropriate department of motor vehicles). \_\_\_\_\_

11. Please indicate the minimum salary you would accept per year or per hour: \$ \_\_\_\_\_

12. We are an industry which provides service 7 days a week. Are you willing to work afternoons, evenings, weekdays, weekends & holidays? Yes  No  If no, list unavailable days & times: \_\_\_\_\_

13. Mattress Discounters stores are geographically dispersed. Some are not readily accessible by public transportation. Also, Mattress Discounters' employees sometimes must work at more than one store, sometimes within a single workday. Do you have access to reliable transportation that will enable you to get to your worksite(s) on time? Yes  No  If no, please explain: \_\_\_\_\_

14. Have you ever been an employee of Mattress Discounters? Yes  No  If yes, position \_\_\_\_\_  
Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_ Department/Location: \_\_\_\_\_

15. Do you have any friends or relatives working for Mattress Discounters? Yes  No  If yes, please list their name, relationship, position and title: \_\_\_\_\_

## EDUCATION & TRAINING

16.	High School				College/University				Graduate/Professional			
School Name and Address	_____				_____				_____			
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree	_____				_____				_____			
Describe Course of Study	_____				_____				_____			

Mattress Discounters is subject to Chapters 29 through 38 of Title 28 of the General Laws of Rhode Island.

16. Foreign Language(s) Spoken \_\_\_\_\_ Read \_\_\_\_\_

17. Skills: • Typing  \_\_\_\_\_ W.P.M • Calculator  • Computer Literate   
• Computer Applications (list) \_\_\_\_\_  
• Power Equipment (forklift, cherry picker) (list) \_\_\_\_\_

### EMPLOYMENT HISTORY

18. Have you ever been laid off, fired, asked to resign, told that you would be fired if you did not resign, or otherwise left a job involuntarily? Yes  No  If yes, please explain: \_\_\_\_\_

19. In the space provided below, please print your Employment History, beginning with your most recent employer and listing all other positions held, including military, part-time, summer and any periods of unemployment for the past 10 years. Use additional paper if necessary or attach resume. MA. APPLICANTS ONLY: You may include any verified work performed on a volunteer basis. AN EXPLANATION OF ANY PERIOD OF UNEMPLOYMENT MUST BE INCLUDED AS AN ATTACHMENT TO THIS APPLICATION.

Employer	_____	Telephone ( )	Dates Employed From   To	Hourly Rate/Yearly Salary Starting _____ Final _____
Address	_____			
Job Title	_____			
Work Performed	_____			
Supervisor	Reason for Leaving: _____			

Employer	_____	Telephone ( )	Dates Employed From   To	Hourly Rate/Yearly Salary Starting _____ Final _____
Address	_____			
Job Title	_____			
Work Performed	_____			
Supervisor	Reason for Leaving: _____			

Employer	_____	Telephone ( )	Dates Employed From   To	Hourly Rate/Yearly Salary Starting _____ Final _____
Address	_____			
Job Title	_____			
Work Performed	_____			
Supervisor	Reason for Leaving: _____			

Employer	_____	Telephone ( )	Dates Employed From   To	Hourly Rate/Yearly Salary Starting _____ Final _____
Address	_____			
Job Title	_____			
Work Performed	_____			
Supervisor	Reason for Leaving: _____			

## REFERENCES

20. List three persons, not related to you by blood or marriage and not already listed in the Employment History Section, who can comment on your education and/or work experience.

Full Name	Complete Home Address	Occupation	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARE YOU KNOWN TO REFERENCES BY ANOTHER NAME? Yes  No  If Yes, NAME: \_\_\_\_\_

## AGREEMENT

With my signature below, I certify that the statements I have made on this application are true and complete, and that I have not withheld any requested information. I understand that any misrepresentation of fact on this employment application is grounds for rejection of the application and dismissal should I be hired. I authorize Mattress Discounters to make any investigation it considers appropriate concerning my application for employment, including, without limitation, an investigation of my personal and employment references, public records, education, employment history, and financial/criminal/credit history (however, I understand that if a consumer credit report or investigative consumer report is ordered, I will be notified in accordance with any applicable law). I authorize my prior employers and other persons listed on this application to give Mattress Discounters any and all information concerning my application, character and work that may be requested. I release Mattress Discounters and any person, company or other entity that provides Mattress Discounters with information, from any and all liability and damages that may result from the investigation or the disclosure or use of such information.

I understand that nothing contained in this employment application or in the granting of any interview is intended to create or imply an employment contract between Mattress Discounters and myself. Any offer of employment will be made in writing and is subject to the approval of a corporate officer. No promise concerning employment has been made to me. If an employment relationship is established, I understand that it will be at will, meaning that both the Company and I will have the right to terminate my employment at any time, with or without cause. I also understand and accept that overtime, irregular hours and workweeks are a requirement of the Company.

I agree that upon termination of employment I will repay any and all monies due Mattress Discounters within thirty (30) days from my termination date. I also agree to return to Mattress Discounters, within seven (7) days from my termination, any and all property belonging to the Company that I may have.

I understand that Company policies are subject to change at any time, with or without notice. I understand that any offer of employment is subject to verification of employment eligibility as required by the Immigration Reform and Control Act of 1986.

## MATTRESS DISCOUNTERS EMPLOYMENT APPLICATION PROVISIONS ON MEDICAL EXAMINATIONS

I agree that, if offered a job, I will submit to any medical or physical examinations that the Company may require, at the Company's expense, including but not limited to blood, urine, breath or other examinations or tests for alcohol, drugs, or controlled substance use. I authorize the release to the Company of all results of any such tests, medical or physical examinations performed on me at the Company's request. I further authorize the use of this information by the Company for any lawful purpose.

**CALIFORNIA APPLICANTS ONLY:** I understand that a private employer in California may not demand or require any employee or applicant to submit to or take a polygraph, lie detector, or similar test or examination as a condition of employment or continued employment. Labor Code section 432.2. An employer may not ask any person to take such a test or administer such a test without first advising the subject in writing at the time the test is to be administered of the rights guaranteed by that statutory section. A violation of Labor Code section 432.2 is a misdemeanor.

**MARYLAND APPLICANTS ONLY: I UNDERSTAND THAT UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

**MASSACHUSETTS APPLICANTS ONLY: IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_