Application for Employment

Wal-Mart Stores, Inc.

Walmart is an Equal Opportunity Employer and is committed to excellence through diversity.

Please type or print. This application must be fully completed to be considered. Please complete each box, even if you attach a resume.

Position(s) that you are applying	g for						
Position/Job title(s):				Part Time Full Time Temporary			
Job number: (if applicable)	Rate	e of pay expected:		Date you can start work:			
About you							
Please print your name as it appears on your Social Security Card.							
Last Name:	First	Name:		Middle	e Name:		
Social Security Number:	Stree	et Address:		Teleph	one Number:		
E-Mail Address:				Alternate Number:			
	State	e: Zip	Code:	_			
Are you 18 years of age or older?		Will you be able to show evidence of identity and work authorization within three days of your hire date?			"Will you now or in the future require work visa sponsorship?		
Yes No D		п п		Yes 🗆] _{No} □		
If under 18, the applicant will be required to subn birth certificate or work certificate as required by or federal laws.		No No					
Have you ever been employed by Walmart or any of its subsidiaries? Yes No No							
Location Dates of Employment Reason for Leaving							
Name employed under (if your name is now different)							
List relatives employed by Walmart, their relationship to you, and where they work. (If you live in California, do not answer this question.)							
Education (check the highest level or equivalent completed)							
Elementary (grade level)		High School (grade level) College/University/Technical (years)					
8 (or less) 9 10 11 12 1 2 3 4 1]		
Are you currently a student? Name of the college, unive			ersity or tech	nical school atter	nded/attending:		
Yes No No							
Availability Days Devenings Overnights Saturdays Sundays Dundays To help us consider you for a job that matches your availability, tell us the earliest time and latest time that you can work each day.							
	onday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Earliest Time							
Latest Time							

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Empl	oyment	History
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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.)

. ,	may we contact your current	employer? Yes \(\Bar{\sqrt{1}} \text{No} \(\Bar{\sqrt{1}} \)
Company Name:Address:City, State:	Supervisor: Dates Employed:	
Zip: Phone: Company Name: Address: City, State:	Your job: Supervisor: Dates employed:	
Zip: Phone: Company Name: Address: City, State: Zip: Phone:	Your job:Supervisor:Dates employed:	
Company Name: Address: City, State: Zip: Phone:	Supervisor: Dates employed:	
References List two people (not relatives)	you have worked with who we	e may contact.
Name:	E-mail:	Phone:
Name:	E-mail:	Phone:
additional background information relating law enforcement agencies to supply any in (Please initial here.) I understand that Wal-Mart Stores, Inc. has law, requires a drug screening test as a para a urine sample or other medically recogniz confirmatory test using the gas chromatory adultered or substituted, I will be disqualified stand and agree that if I am employed, I may have read, understand, and agree to this stand and that if hired, any time with or without cause, unless other vice President of its People Division has ment can be changed only by a written agree.	ing to my background. I authorize all person information concerning my background. I have a commitment to maintain an alcohol/drust of its selection and hiring process. I under the designed to detect traceable amougraphy/mass spectrometry method, it is defined from consideration for employment an any be required to submit to alcohol/drugtatement. (Please initial here.)	information set forth on this application and obtain s, schools, companies, corporations, credit bureaus and ave read, understand and agree to this statement. g-free workplace and that Walmart, unless prohibited by state restand that such drug screening will consist of the testing of unts of a controlled substance in my body. If after a second termined my specimen contains a controlled substance or was d any offer of employment will be withdrawn. I further underesting under certain circumstances during my employment. I misrepresentation or omission of any information will result in a understand that this application is not a contract, offer, or eason. Likewise, the company can terminate my employment at d that no one other than the President of Wal-Mart Stores, Inc., t contract or agreement with me, and that my at-will employant Stores, Inc. I have read, understand and agree to this state-
	plete a new application and file it with the	I still desire a position with the company after this application company. Otherwise, the company will not consider me for
		Signature (as appears on Social Security Card)

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