

S O P H I E  R E E S E

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Complete all of the necessary information. This application will be kept on file. Be sure to sign and date this application. **Please print neatly!**

Name\_\_\_\_\_

Area Code ( ) Phone\_\_\_\_\_

Address\_\_\_\_\_

City/ State/ Zip\_\_\_\_\_

Position applied for: \_\_\_\_\_ Pay expected \$\_\_\_\_\_

Special Training or skills: (retail experience, gift shop experience, computer skills: WORD, EXCEL, please be specific) that would benefit you in the job for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you accept full time work? YES\_\_ NO\_\_ Part Time work? Yes\_\_ NO\_\_

On what date would you be available for work? \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes\_\_\_\_ No\_\_\_\_

Times Available: Monday\_\_\_\_\_  
Tuesday\_\_\_\_\_  
Wednesday\_\_\_\_\_  
Thursday\_\_\_\_\_  
Friday\_\_\_\_\_  
Saturday\_\_\_\_\_  
Sunday\_\_\_\_\_

Are you currently employed? Yes\_\_\_\_\_ No\_\_\_\_\_

May we contact your employer? Yes\_\_\_\_\_ No\_\_\_\_\_

Company\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_

Contact Name\_\_\_\_\_

Position\_\_\_\_\_ Reason for Leaving\_\_\_\_\_

Last Wage\_\_\_\_\_ Employed from\_\_\_\_\_ to\_\_\_\_\_

Previous employer address.

May we contact your previous employer? Yes\_\_\_\_\_ No\_\_\_\_\_

Company\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_

Contact Name\_\_\_\_\_

Position\_\_\_\_\_ Reason for Leaving\_\_\_\_\_

Last Wage\_\_\_\_\_ Employed from\_\_\_\_\_ to\_\_\_\_\_

Please provide 1 personal reference:

Name\_\_\_\_\_

Address\_\_\_\_\_

Town, State, Zip\_\_\_\_\_

Phone Number\_\_\_\_\_ Relationship\_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes\_\_\_  
No\_\_\_(proof of citizenship required)

Have you ever been convicted of a felony within the last 7 years? Yes\_\_\_ No\_\_\_ Conviction will not necessarily  
disqualify you from employment.

Are you able to perform the duties of the position that you have applied for in a safe and responsible manner? (i.e Allergy  
to fragrances, unable to lift, unable to bend when restocking/ creating displays..) Yes\_\_\_ No\_\_\_

An inability to perform certain duties will not necessarily disqualify you from employment.

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements  
contained in this application for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment  
beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this  
organization is of "at will" nature, which means that employee may resign at any time and the employer may discharge at any time  
with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written  
document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.  
In the event of employment I understand that false or misleading information given in my application or interview(s) may result in  
discharge. I understand, also, that I am required to abide by all the rules and regulations of the employer.

Applicants Signature\_\_\_\_\_ Date\_\_\_\_\_