



EMPLOYMENT APPLICATION

Please print clearly and complete this entire employment application.
 Consideration to be hired as part of the store's team will be given to associates based on performance, availability and the needs of the business.
Kate's is an equal opportunity employee.

Today's Date	Cell Phone Number	Social Security
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver License Number	Email	
<input type="text"/>	<input type="text"/>	

Position Desired	You want to work	<input type="checkbox"/> Part-time (_____ hours per week)	<input type="checkbox"/> Full-time (_____ hours per week)	Salary minimum amount desired per hours			
				\$			
What days and hours are you available to work?	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THUR	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> SUN
	Start time: _____ End time: _____	Start time: _____ End time: _____	Start time: _____ End time: _____	Start time: _____ End time: _____	Start time: _____ End time: _____	Start time: _____ End time: _____	Start time: _____ End time: _____

Are you 18 years of age or older	Currently employed?	Foreign language(s) spoken fluently	List names of friends or relatives employed by Kate's
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed		
If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to work in the U.S.?		Have you been convicted of a felony or plead guilty to a felony resulting in conviction?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied for a job with Kate's or any other retail concept?		Have you ever been dismissed or asked to resign from any employment? If yes, please explain.*	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What was the result? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS EMPLOYMENT	Name of Business	Job Title or Nature of Work	Name Supervisor	Phone Number	Reason for Leaving	Start Date: MM/YYYY	End Date: MM/YYYY

EDUCATION	School	Name & Address of School	Course of Study	Circle Last Year Completed	List Diploma of Degree	Start Date: MM/YYYY	End Date: MM/YYYY
	High School			1 2 3 4			
	College			1 2 3 4			

REFERENCES	Reference Name (not related to you)	Reference Name (not related to you)
	Address	Address
	Phone	Phone
	Job Title	Job Title

IMPORTANT (PLEASE READ CAREFULLY BEFORE SIGNING)

I declare that the facts contained in this application or any resume or other documentation submitted by me to the Company are true and complete to the best of my knowledge. I understand that any false information or significant omission will disqualify me from further consideration for employment, or may result in my dismissal from employment if discovered at a later date. I authorize the Company to contact and obtain information from all references, employers and education institutions provided by me in this application, and to otherwise verify the accuracy of the information contained in this application, and authorize the release of this information to the Company. I understand that any offer of employment is conditioned upon the satisfactory completion of the verification process as required by the Immigration Reform and Control Act of 1986, and that the Company will hire only those individuals who are legally authorized to work in the United States and who present acceptable proof of their lawful employment status and identity. I understand that, if hired, I may not hold other employment or engage in other activities that create a conflict of interest with my position in the Company. If I become employed by the Company, and in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the Company. I agree that my employment will be at-will, and may be terminated with or without cause, and with or without advance notice, at anytime by me or the Company. I understand that no supervisor, manager or other representative of the Company has the authority to enter into an employment agreement for a specified period of time or for termination only for cause, and any such agreement must be in writing and signed by the Senior VP of Human Resources of the Company. I understand and acknowledge that this constitutes the entire agreement between me and the Company regarding the term of my employment and supersedes any other oral or written agreements. By placing my signature below, **I certify and acknowledge that I have read the above, and agree to it.**

Signature of Applicant (do not print)

Date