



EMPLOYMENT APPLICATION

Date of Application: _____ / _____ / _____

PRINT CLEARLY AND COMPLETE ALL INFORMATION

NAME AND ADDRESS

Name:			Social Security Number: _____ - _____ - _____		
Address:			Primary Phone: HOME (____) _____ - _____ MOBILE (____) _____ - _____		
City:	State:	Zip:	Alternate Phone: MOBILE (____) _____ - _____ OTHER (____) _____ - _____		
E-Mail:			Time at Address: _____ Yrs. _____ Mos.		

PRIOR ADDRESS

Address:	City:	State:	Zip:
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POSITION DESIRED

Position:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Expected Salary:	Date Available to Start Work:
Store:	<input type="checkbox"/> Seasonal / Temporary		

What hours are you available to work?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	Are you available to work extended hours? <input type="checkbox"/> YES <input type="checkbox"/> NO
From / To								Are you available to work additional hours or a different schedule based on business needs? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT STATUS & HISTORY

Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> FULL TIME <input type="checkbox"/> NO <input type="checkbox"/> PART TIME	Do you intend to continue in your current job if you work here? <input type="checkbox"/> YES <input type="checkbox"/> NO	In the past 5 years, how many different employers have you worked for?
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Please list information about your current or most recent employer first. Include military service or any self-employment, but not volunteer work. You must account for the past three years or the time since you completed school, whichever is shorter. Please give all information requested even if it is included on your resume. If your earnings at a previous job were based on a commission or other basis, please estimate your average weekly pay.

Name of Business	Complete Address	Supervisor	Ending Salary	Job Title	Reason for Leaving	Date From		Date To	
						MO	YR	MO	YR

Please account for any periods of unemployment during the past 3 years.

From	To	From	To

EDUCATION

Please provide information about your highest level of education.

Name of School	Address	Curriculum or Major	Did you Graduate?
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> STILL ATTENDING

OTHER INFORMATION

Are you legally eligible to work in the United States? YES NO	Have you ever worked under, attended school, or been known by a different name? YES NO If "yes", please list name and explain why. _____	Can you perform the essential functions of the job you applied for? YES NO	How were you referred? <input type="checkbox"/> Advertisement <input type="checkbox"/> Associate Referral <input type="checkbox"/> Other _____	Have you ever been convicted of a crime or a violation other than a minor traffic violation? If "yes", list all convictions, stating the date of the charge, nature of the offense, and where it occurred. <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been bonded? YES NO	Are you over 18 years of age? YES NO	Have you ever been employed by Gothic or any other division of Gothic, Inc.? If "yes", please indicate the position held, approximate dates of employment, and your reason for <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you have your own vehicle, or other reliable means of transportation to and from <input type="checkbox"/> YES <input type="checkbox"/> NO				

Please see reverse side for additional questions and information.

STANDARDS OF EMPLOYMENT

Gothic, Inc. sets high standards for its associates. Compliance with these standards is required. Please carefully consider these requirements before accepting a position with us.

<p>CUSTOMER SERVICE</p> <ul style="list-style-type: none"> ♦ Treat all customers with courtesy, dignity, respect, and an exceptionally friendly attitude at all times and under all circumstances. 	<p>ATTENDANCE / PUNCTUALITY</p> <ul style="list-style-type: none"> ♦ Always report to work when scheduled and on time. ♦ Contact your manager at least one hour before your scheduled shift when sick. 	<p>PERSONAL APPEARANCE</p> <ul style="list-style-type: none"> ♦ Maintain a business-like, professional appearance in both your attire & grooming. 	<p>Would you be able to comply with all of the standards listed? If "no", please explain.</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p>
<p>Do you expect to work here for at least one year? <input type="checkbox"/> YES <input type="checkbox"/> NO If "no", please explain: _____</p>			

ACKNOWLEDGMENTS & AGREEMENTS

Gothic Incorporated policy prohibits discrimination on the basis of age, citizenship, color, disability, marital status, national origin, race, religion, sex, sexual orientation, veteran's status, and all other characteristics protected by federal, state or local laws.

ALL APPLICANTS - Please read the following and address any questions to a Human Resources representative prior to signing below.

I authorize Gothic and it's agents to request, obtain, and use consumer reports, including without limitation, investigative consumer reports, both now and at any time, to evaluate hiring, promoting, reassigning, transferring, retaining, or discharging me.

I acknowledge that in connection with my application for employment, promotion or reassignment with Gothic, an investigative consumer report or other inquiry may be made as to my character, general reputation, personal characteristics, and mode of living. If a report is requested or prepared, I have been advised further that upon written request, within a reasonable time, additional information as to the nature and scope of the report will be provided. This written request should be addressed to the Human Resources manager of Gothic, and submitted to it's corporate offices.

I authorize all personnel, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any and all non-medical information as permitted by law, pertinent to my employment and release the same from all liability resulting from the provision of such information. Gothic and its agents have my permission to make said inquiries, and I hereby release Gothic and its agents from any liability in making said request(s) or in its use of and/or reliance on the information received.

I also acknowledge that from time to time Gothic may be required to submit certain information with regard to my employment of application for employment. I release Gothic, its agents, assigns, and subsidiaries from any liability resulting from the submission of such information.

I understand that if I am employed, employment is not for a stated period. Either Gothic or I may discontinue the relationship at any time without cause or notice.

I understand that after a job offer is made and/or at any time during my employment, Gothic may request that I undergo drug testing and may request, after a job offer has been made, a medical exam. I consent and agree to any such exam, if required, now or in the future. I understand that when post offer drug testing is required, a satisfactory result is a condition of employment with Gothic, Inc.

I certify that all statements and answers provided on this Employment Application are complete and true. I understand that if subsequent to employment any of such statements and/or answers are found to be false, or that information is omitted, such false statements and/or omissions will be considered as grounds for termination of my employment.

APPLICANT SIGNATURE: _____

DATE: ____ / ____ / ____

OFFICE USE ONLY:

Interview Date: ____ / ____ / ____	Comments:	Hire Date: ____ / ____ / ____	A	P	Q	R	O
Interviewed By:		Start Date: ____ / ____ / ____	1	1	1	1	A
Approved By:		PT / FT / TEMP	2	2	2	2	0
Store Location:		Position:	Avg. Hours:	3	3	3	3
		Rate: \$ ____ . ____ / Hour	4	4	4	4	2
			5	5	5	5	3