

Employment Application

(Use tab key, not enter key)

- ✓ Please complete this application by typing or printing in ink. **INCOMPLETE** or **UNSIGNED** applications will not be considered.
- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.
- ✓ Do you need an accommodation to participate in the application or interview process? Yes No

Employer _____ Job Order # _____

Job Title _____

PERSONAL DATA

Name _____

Present Address _____ City _____ State _____ Zip _____

Phone () - Message Phone () - E-Mail Address _____

Driver's License: Operator CDL CDL Type _____ Endorsements _____

EDUCATION

High School Diploma or GED? Yes No Post Secondary Degree? _____

Name of school beyond High School _____

Training Length _____ Date Completed _____

Major _____ Minor _____

Apprenticeship Level _____ In which trade? _____

WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone () -

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone () - _____

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

Examples include; classes (include dates), certificates, current licenses, specific equipment and other skills.

LIST REFERENCES (preferably persons who know about your work/training)

Name	Address	Phone Number
_____	_____	() - _____
_____	_____	() - _____
_____	_____	() - _____

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? Yes No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ Date: _____

APPLICATION FOR EMPLOYMENT



Starbucks Coffee Company is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state, or provincial law.

Please complete entire application to ensure processing.

PERSONAL INFORMATION (Please print)

Name Last First Middle Social Security/Social Insurance Number Date (M/D/Y)

Other names you are known by Are you less than 18 years of age? Yes No (Starbucks is required to comply with federal, state, or provincial law.)

U.S. Applicant Only:
 Are you legally eligible for employment in the U.S.? Yes No
(New hires will be required to provide proof of eligibility to work in the U.S.)

Have you been convicted of a crime in the last seven (7) years? Yes No
If Yes, list conviction details on a matter of public record (arrests are not convictions). A conviction will not necessarily disqualify you for employment.

Present Address Street City State/Province Zip Code/Postal Code

Permanent Address Street City State/Province Zip Code/Postal Code

Phone Number Daytime Evening Referred By

EMPLOYMENT DESIRED (if you are applying for a retail hourly position, please keep in mind that the availability of hours may vary.)

Position	Location/Department	Salary Desired	Date You Can Start							
Specify hours available for each day of the week				Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you able to work overtime? Yes No
 Have you ever worked for Starbucks Coffee Company? Yes, when? Which store/department?

EDUCATION

	Name and Address of School	Circle Last Years Completed	Did You Graduate?	Subjects Studied and Degrees Received
High School	<input type="text"/>	1 2 3 4	Y N	<input type="text"/>
College	<input type="text"/>	1 2 3 4	Y N	<input type="text"/>
Post College	<input type="text"/>	1 2 3 4	Y N	<input type="text"/>
Trade, Business, or Correspondence School	<input type="text"/>	1 2 3 4	Y N	<input type="text"/>

List skills relevant to the position applied for

SKILLS For Office/Administrative positions only
 Typing WPM: 10-Key: Yes No
 Computer Proficiency: Word for Windows Excel Others:

Have you ever visited a Starbucks Coffee location? Where? Describe your experience.

What do you like about coffee?

Why would you like to work for Starbucks Coffee Company?



This form is only provided as a service and a guide. It may not be compliant with local laws and is not warranted as such. This form may need to be modified to fit local laws and regulations.

FOR OFFICE USE ONLY	
EMP. NO.	_____
W4	_____
WORKING PAPER #	_____

EMPLOYMENT APPLICATION FOR GENERAL RESTAURANT WORK

PERSONAL INFORMATION: *(please print clearly)*

NAME _____ SOC. SEC. # / TAX ID NO. _____
First Middle Initial Last

ADDRESS _____ CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

TELEPHONE (____) _____ Have you ever worked for SUBWAY@Sandwich Shop before? Yes No If yes, when/where?

Are you 16 years of age or over? Yes No (Proof of age or a work permit may be required.)

In Case of Emergency Notify:

NAME _____ TELEPHONE (____) _____
Last First Middle Area Code

ADDRESS _____ CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

AVAILABILITY :

Are you legally able to be employed in this country? Yes No (If hired, verification will be required by law)

What type of position are you seeking? Part time Full time Seasonal Temporary

Are you able to meet the attendance requirements of the position? Yes No

	S	M	T	W	T	F	S
HOURS AVAILABLE	From						
	To						

Total hours available per week _____
 Date available to start work _____

SCHOOL MOST RECENTLY ATTENDED :

NAME _____ ADDRESS _____

CITY _____ STATE _____ TELEPHONE (____) _____

TEACHER OR COUNSELOR _____ LAST GRADE COMPLETED _____ GRADE AVERAGE _____

GRADUATED? Yes No NOW ENROLLED? Yes No

Sports or activities? _____

MOST RECENT EMPLOYMENT :

Company _____ Address _____

City _____ State _____ Telephone (____) _____

Position _____ Supervisor _____ Dates worked: From _____ To _____

Wage _____ Reason for leaving _____

Mgmt. ref. ck. done by _____

Company _____ Address _____

City _____ State _____ Telephone (____) _____

Position _____ Supervisor _____ Dates worked: From _____ To _____

Wage _____ Reason for leaving _____

Mgmt. ref. ck. done by _____

Do we have your permission to contact your current employer? Yes No

If NO, please explain: _____

REFERENCES: (Please do not use family members)

Name: _____ Telephone: (____) _____ Years Known _____

Address _____ City _____ State _____

Name: _____ Telephone: (____) _____ Years Known _____

Address _____ City _____ State _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
 Please complete reverse side

EMPLOYMENT TEST

(No Calculators Please)

PART I

.89	10.00
.79	<u>-4.59</u>
3.39	
<u>+2.79</u>	
	35.25
	<u>-33.08</u>

For the following questions, state your answers in terms of bills and coins.

For example, \$4.58 would be 4 dollar bills, 2 quarters, 1 nickel, and 3 pennies.

1. If the customer's order came to \$13.58 and he gave you a \$20.00 bill, what is his change?
2. If the customer's order came to \$6.22 and he gave you \$20.25, what is his change?

PART II

A. A customer complains that he was short changed by you receiving only 13¢ change from \$2.00 instead of 31¢. What would you do?

B. Which do you consider more important as far as a restaurant is concerned - courteous, prompt service or a quality product?

C. What do you consider to be the most important qualifications of a Subway employee?

D. You are working alone and your shift is due to be over at 6 P.M. The individual who is scheduled to begin working at 6 P.M. does not show up. What do you do?

The Secretary of Health & Human Services has determined that certain diseases, including Hepatitis A, typhoid fever (*Salmonella typhi*), shigellosis (*Shigella* spp.), and E coli (*Escherichia coli* 0157:H7) may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling & serving food, food service equipment and utensils in a sanitary and healthy fashion. Are you able to perform the essential functions of this job with or without a reasonable accommodation? YES NO If no, explain: _____

I CERTIFY THAT I HAVE READ AND FULLY COMPLETED BOTH SIDES OF THIS APPLICATION AND THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION OR FALSE INFORMATION IS GROUNDS FOR DISMISSAL. I AUTHORIZE THE REFERENCES LISTED ON THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL AND OTHERWISE. I UNDERSTAND THAT AS A PART OF THE PROCEDURE FOR MY EMPLOYMENT APPLICATION AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE CONCERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

INTERVIEWER OR REFERENCE COMMENTS _____



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA

NAME	LAST	FIRST	MIDDLE	DATE
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)				
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)				
HOME PHONE ()	CELL PHONE ()	E-MAIL ADDRESS	ARE YOU AT LEAST 16 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU 18 OR OVER? YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>				
<p>HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A FELONY OR MISDEMEANOR, INCLUDING DRIVING UNDER THE INFLUENCE OF INTOXICANTS? (Not to be completed by applicants in Hawaii, prior to a conditional offer of employment. California, Connecticut and Illinois applicants are not required to disclose the existence of any criminal charges or convictions that have been erased, expunged or sealed. California applicants are not required to disclose misdemeanor convictions involving marijuana or controlled substances as described in California Labor Code section 432.8 that are more than two years old and misdemeanor convictions for which probation has been successfully completed or discharged and that have been judicially dismissed. In Massachusetts, "An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions." Utah applicants are not required to disclose misdemeanor convictions.)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST DATE(S), OFFENSE(S), AND WHERE CONVICTED. ATTACH A SEPARATE SHEET OF PAPER WITH INFORMATION IF NECESSARY.</p>				
(A CONVICTION IS NOT NECESSARILY A BAR FOR EMPLOYMENT. CONVICTIONS WILL BE CONSIDERED ONLY AS RELATED TO THE JOB APPLIED FOR).				

PLACEMENT INFORMATION

POSITION APPLIED FOR		ARE YOU INTERESTED IN FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/>					
REFERRAL SOURCE:							
<input type="checkbox"/> WALK IN <input type="checkbox"/> CUSTOMER <input type="checkbox"/> GAMESTOP WEBSITE <input type="checkbox"/> INTERNET POSTING <input type="checkbox"/> NEARBY CAMPUS <input type="checkbox"/> JOB FAIR <input type="checkbox"/> EMPLOYEE REFERRAL WHO REFERRED YOU? _____ <input type="checkbox"/> OTHER _____							
HOURS AVAILABLE TO WORK FROM:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	AM						
	PM						
SALARY OR WAGE DESIRED			DATE AVAILABLE				
HAVE YOU EVER BEEN EMPLOYED BY GAMESTOP, EB GAMES/ELECTRONICS BOUTIQUE, BABBAGE'S ETC. OR FUNCOLAND? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, STATE WHEN, WHERE, WHAT STORE AND REASON FOR LEAVING.							

EMPLOYMENT HISTORY

LIST ALL EMPLOYERS WITH CURRENT OR MOST RECENT EMPLOYMENT FIRST. ACCOUNT FOR ALL TIME PERIODS, INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT EXCEEDING 30 DAYS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER WITH INFO.		
PRESENT/ LAST EMPLOYER	TELEPHONE NUMBER ()	SUPERVISOR'S NAME
ADDRESS	DATES EMPLOYED / TO / MO YR MO YR	LAST RATE OF PAY/SALARY
POSITION	REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT	
SUMMARY OF DUTIES		

PREVIOUS EMPLOYER	TELEPHONE NUMBER ()	SUPERVISOR'S NAME
ADDRESS	DATES EMPLOYED / TO / MO YR MO YR	LAST RATE OF PAY/SALARY
POSITION	REASON FOR LEAVING	
SUMMARY OF DUTIES		

GAMESTOP, INC DOES NOT DISCRIMINATE IN HIRING OR TERMS OR CONDITIONS OF EMPLOYMENT ON THE BASIS OF RACE, COLOR, CREED, RELIGION, SEX , NATIONAL ORIGIN, AGE, DISABILITY OR ANY OTHER BASIS UPON WHICH DISCRIMINATION IS PROHIBITED BY MUNICIPAL, STATE, OR FEDERAL LAW. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION THAT MAY BE USED FOR DISCRIMINATORY PURPOSES.

PREVIOUS EMPLOYER		TELEPHONE NUMBER ()	SUPERVISOR'S NAME
ADDRESS		DATES EMPLOYED / TO / MO YR MO YR	LAST RATE OF PAY/SALARY
POSITION	REASON FOR LEAVING		
SUMMARY OF DUTIES			

PREVIOUS EMPLOYER		TELEPHONE NUMBER ()	SUPERVISOR'S NAME
ADDRESS		DATES EMPLOYED / TO / MO YR MO YR	LAST RATE OF PAY/SALARY
POSITION	REASON FOR LEAVING		
SUMMARY OF DUTIES			

EDUCATION RECORD

LIST LAST HIGH SCHOOL AND ALL BUSINESS, TRADE SCHOOLS AND COLLEGES ATTENDED			
NAME AND LOCATION (CITY/STATE) OF SCHOOL		MAJOR / MINOR	DEGREE/DIPLOMA

VIDEO GAME / SOFTWARE KNOWLEDGE

VIDEO GAME SYSTEMS _____
GAME SOFTWARE KNOWLEDGE _____
PC KNOWLEDGE _____

REFERENCES

LIST 2 REFERENCES BELOW THAT WE MAY CONTACT WHO ARE FAMILIAR WITH YOUR WORK PERFORMANCE. USE PERSONAL REFERENCES, (NOT RELATIVES), ONLY IF YOU HAVE NO EMPLOYMENT REFERENCES.			
CHECK ONE <input type="checkbox"/> EMPLOYMENT REF. <input type="checkbox"/> PERSONAL REF.	NAME	OCCUPATION	YEARS KNOWN
ADDRESS (STREET, CITY, STATE, ZIP, CODE)			TELEPHONE NUMBER ()
CHECK ONE <input type="checkbox"/> EMPLOYMENT REF. <input type="checkbox"/> PERSONAL REF.	NAME	OCCUPATION	YEARS KNOWN
ADDRESS (STREET, CITY, STATE, ZIP, CODE)			TELEPHONE NUMBER ()

IMPORTANT: PLEASE READ, SIGN AND DATE

- I DECLARE THAT ALL STATEMENTS AND ANSWERS ON THIS APPLICATION ARE TRUE AND COMPLETE AND AGREE THAT ANY UNTRUTH, MISLEADING ANSWER, OMISSION, CONCEALMENT OR FAILURE TO ANSWER ANY QUESTION FULLY, COMPLETELY AND ACCURATELY WILL BE GROUNDS FOR TERMINATING MY EMPLOYMENT OR WITHDRAWAL OF THE EMPLOYMENT OFFER.
- I AUTHORIZE GAMESTOP, INC. OR ANY AGENT TO INVESTIGATE MY REFERENCES, TO COMMUNICATE WITH MY FORMER EMPLOYERS CONCERNING THE SAME, AND TO MAKE AN INDEPENDENT BACKGROUND INVESTIGATION OF MY CHARACTER, CONDUCT AND EMPLOYMENT RECORD, AND TO KEEP AND PRESERVE RECORDS OF SUCH INVESTIGATIONS.
- THE COMPLETION OF AN APPLICATION WITH GAMESTOP, INC. IS A PRELIMINARY STEP TO EMPLOYMENT. IT DOES NOT OBLIGATE GAMESTOP, INC. TO OFFER EMPLOYMENT, OR ME TO ACCEPT EMPLOYMENT. I AGREE THAT IF EMPLOYMENT IS OFFERED TO AND ACCEPTED BY ME, IT IS MUTUALLY UNDERSTOOD THAT ANY EMPLOYMENT IS NOT CONFINED TO A FIXED TERM AND MAY BE ENDED BY EITHER PARTY WITHOUT PRIOR NOTICE. ALL EMPLOYMENT WITH GAMESTOP IS "AT WILL," AND MAY BE TERMINATED WITH OR WITHOUT CAUSE.
- I UNDERSTAND THAT FEDERAL LAW REQUIRES ALL PERSONS HIRED BY GAMESTOP TO SUBMIT PROPER DOCUMENTATION TO VERIFY THEY ARE AUTHORIZED TO LEGALLY WORK IN THE UNITED STATES. FAILURE TO SUBMIT SUCH PROOF WITHIN THE REQUIRED TIME WILL RESULT IN IMMEDIATE TERMINATION.
- I UNDERSTAND THAT CONTINUED EMPLOYMENT MAY BE CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A BACKGROUND INVESTIGATION.
- I UNDERSTAND THAT CONTINUED EMPLOYMENT MAY BE CONTINGENT UPON AND SUBJECT TO CONSENTING TO AND UNDERGOING DRUG TESTING, WHERE ALLOWED BY LAW, THE RESULTS OF WHICH MUST BE SATISFACTORY.
- I UNDERSTAND THAT MY EMPLOYMENT IS SUBJECT TO AN AGREEMENT TO ARBITRATE CLAIMS AGAINST GAMESTOP AS OUTLINED IN THE GAMESTOP C.A.R.E.S. RULES OF DISPUTE RESOLUTION.

SIGNATURE OF APPLICANT _____

DATE _____

Employment Application

An equal opportunity employer, Victoria's SecretStores, Inc. does not discriminate in hiring or terms and conditions of employment because of an individual's race, color, religion, gender, national origin, citizenship, age, disability, sexual orientation or marital status. Victoria's Secret Stores, Inc. only hires individuals authorized for employment in the United States.

VICTORIA'S SECRET

Position Desired: _____

Schedule Desired: Full Time Part Time
 Temporary / Seasonal

Salary Expected: \$ _____ per _____

Date Available: _____ / _____ / _____

_____/_____/_____
 Date of Application

PERSONAL INFORMATION			
Last Name	First Name	Middle Name	Are you authorized for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Present Street Address	City	State	Zip
Previous Street Address	City	State	Zip
Home Phone Number (Including Area Code)	Email Address	Social Security Number	

EDUCATION				
Type of School	Name and Location of School	Degree / Area of Study	Number of Years Attended	Graduated (Check One)
HIGH SCHOOL	Name			Yes <input type="checkbox"/> No <input type="checkbox"/>
	City			State
COLLEGE	Name			Yes <input type="checkbox"/> No <input type="checkbox"/>
	City			State
OTHER	Name			Yes <input type="checkbox"/> No <input type="checkbox"/>
	City			State

EMPLOYMENT HISTORY					
List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.					
If you have less than four places of employment, include personal references to be contacted. May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Dates	Name and Address of Employer	Position Held and Supervisor	List Major Duties	Wages	Reason for Leaving
From: ____/____/____ Mo. Yr.	Name Address	Your Job Title		Starting	
To: ____/____/____ Mo. Yr.	Phone	Supervisor		Final	
From: ____/____/____ Mo. Yr.	Name Address	Your Job Title		Starting	
To: ____/____/____ Mo. Yr.	Phone	Supervisor		Final	
From: ____/____/____ Mo. Yr.	Name Address	Your Job Title		Starting	
To: ____/____/____ Mo. Yr.	Phone	Supervisor		Final	
From: ____/____/____ Mo. Yr.	Name Address	Your Job Title		Starting	
To: ____/____/____ Mo. Yr.	Phone	Supervisor		Final	

Have you ever been discharged from a job(s)? Yes No If yes, please provide details, including place(s) of employment, location(s), date(s), supervisor's name(s), and circumstances of the discharge(s):

ACADEMIC AND PROFESSIONAL ACTIVITIES AND ACHIEVEMENTS	
Academic and Professional Activities and Achievements, Awards, Publications or Technical-Professional Societies, indicate type or name. Exclude organizations which indicate race, creed, color, sex, sexual orientation, age, religion, disability or national origin of its members.	Date Awarded

SPECIAL SKILLS
Other Skills applicable to position applied for (e.g. computer proficiency)

MISCELLANEOUS			
Is there any additional information involving a change of your name or assumed name that will permit us to check your work record?			
Have you previously been employed by any Limited Brands, Inc. Division? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Date(s)	Division(s) Employed	Position(s) Held
List names of friends or relatives now employed by any Limited Brands, Inc. Division:			
Have you ever been convicted of, or pled guilty to, a crime for which the record has not been expunged or sealed? (In California, your response should not include marijuana convictions that are more than two years old or information concerning referral to, or participation in, a pre- or post-trial diversion program.) If yes, please explain. Answering yes to this question will not necessarily bar you from employment. <input type="checkbox"/> Yes <input type="checkbox"/> No			
At Victoria's Secret Stores, Inc., a good attendance record is an important part of every associate's overall performance. Do you know of any reason you may not be able to comply with Victoria's Secret Stores, Inc.'s attendance policy?			

PERSON TO CONTACT IN CASE OF EMERGENCY			
This information is to facilitate contact in the event of any emergency and is not used in the selection process.			
Full Name	Address	Phone	Relationship to you?
Place of Employment	Address	Phone	

AVAILABILITY							
	SUN	MON	TUE	WED	THU	FRI	SAT
AM							
PM							

Start Date: _____	End date: _____	Min # hours available weekly: _____	Max. # hours available weekly: _____
Available start date: _____	<i>Will you be available to work:</i> Thanksgiving (week) <input type="checkbox"/> Yes <input type="checkbox"/> No Christmas (week prior) <input type="checkbox"/> Yes <input type="checkbox"/> No Christmas (week of) <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____		

PLEASE READ THIS STATEMENT CAREFULLY	
<p>I hereby affirm that the information given by me on the application for employment is complete and accurate. I understand that any falsification or omission either on this application, or otherwise providing false information to the Company will be immediate grounds for dismissal, no matter when the falsification or omission is discovered. I authorize a thorough investigation to be made in connection with this application concerning my credit worthiness, credit standing, credit capacity, character, general regulation, personal characteristics, employment, education, and criminal record, whichever may be applicable for employment purposes. I understand this investigation may include personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, and others with whom I am acquainted. I further understand I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of the nature and scope of the investigation.</p> <p>It is my understanding that as a prerequisite to consideration for employment, I must agree to submit to any post-employment examinations, physical or other, as the Company may lawfully require. The Company will pay the reasonable cost of any such examination which may be required.</p> <p>If I am hired, I agree that my employment and compensation can be terminated with or without cause, and without notice at any time, at the option of Victoria's Secret Stores, Inc. or myself. I understand that, unless modified in written agreement signed by both me and the Vice President of Human Resources or the President of Victoria's Secret Stores, Inc., no representative of Victoria's Secret Stores, Inc. has the authority to make any agreement for employment for a specified time or to make any other agreement contrary to the foregoing.</p>	
I have read and affirm as my own the above statements.	
_____	_____
Applicant's Signature	Date

APPLICANTS IN THE STATE OF MARYLAND ONLY	
Under Maryland law an employer may not require or demand any applicant for employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.	
_____	_____
Applicant's Signature	Date

APPLICANTS IN THE STATE OF MASSACHUSETTS ONLY	
It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.	
_____	_____
Applicant's Signature	Date

APPLICANTS IN THE STATE OF CONNECTICUT ONLY	
I agree to be scheduled for less than four (4) hours of work on any given day at Victoria's Secret Stores, provided the minimum daily pay in every instance shall be at least twice the applicable minimum hourly rate.	
_____	_____
Applicant's Signature	Date

FAIR CREDIT REPORTING ACT DISCLOSURE

Victoria's Secret Stores, Inc., when considering your application for employment, when making a decision whether to continue your employment (if you are hired), and when making other employment related decisions affecting you, may wish to obtain and use a consumer report from a consumer reporting agency. As an applicant for employment or employee of Victoria's Secret Stores, Inc., you are a "consumer" with rights under the Fair Credit Reporting Act.

A. NEW YORK ONLY

Victoria's Secret Stores, Inc., when considering your application for employment, when making a decision whether to continue your employment (if you are hired), and when making other employment related decisions affecting you, may wish to obtain and use a consumer report from United Stores Mutual Association, Intellicorp or Secure Point. As an applicant for employment or employee of Victoria's Secret Stores, Inc., you are a "consumer" with rights under the Fair Credit Reporting Act.

Upon request, Victoria's Secret Stores, Inc. will inform you whether or not a consumer report was requested and, if a consumer report was requested, you will be informed of the name and address of the consumer reporting agency that furnished the report.

B. CALIFORNIA ONLY

Victoria's Secret Stores, Inc., when considering your application for employment will obtain a consumer report from United Stores Mutual Association, Intellicorp or Secure Point. As an applicant for employment or employee of Victoria's Secret Stores, Inc., you are a "consumer" with rights under the Fair Credit Reporting Act and California Civil Code Section 1785.20.5.

You have the right to receive a copy of the consumer report that is obtained by Victoria's Secret Stores, Inc. If you would like a copy of the consumer report, please check the box below and Victoria's Secret Stores, Inc. will request that the consumer reporting agency send a copy of the consumer report to you at no charge to the address provided below.

I would like a copy.

C. MINNESOTA ONLY

Victoria's Secret Stores, Inc., when considering your application for employment will obtain a consumer report from United Stores Mutual Association, Intellicorp or Secure Point. As an applicant for employment or employee of Victoria's Secret Stores, Inc., you are a "consumer" with rights under the Fair Credit Reporting Act and Minnesota Statute Section 13C.02.

You have the right to receive a copy of the consumer report that is obtained by Victoria's Secret Stores, Inc. If you would like a copy of the consumer report, please check the box below and Victoria's Secret Stores, Inc. will request that the consumer reporting agency send a copy of the consumer report to you at no charge to the address provided below.

I would like a copy.

D. OKLAHOMA ONLY

Victoria's Secret Stores, Inc., when considering your application for employment will obtain a consumer report from United Stores Mutual Association, Intellicorp or Secure Point. As an applicant for employment or employee of Victoria's Secret Stores, Inc., you are a "consumer" with rights under the Fair Credit Reporting Act.

You have the right to receive a copy of the consumer report that is obtained by Victoria's Secret Stores, Inc. If you would like a copy of the consumer report, please check the box below and Victoria's Secret Stores, Inc. will request that the consumer reporting agency send a copy of the consumer report to you at no charge to the address provided below.

I would like a copy.

ACKNOWLEDGED:

NAME (signature)

NAME (printed)

SOCIAL SECURITY NUMBER

DATE

IF YOU SEEK A COPY OF A REPORT, PLEASE FILL OUT ADDRESS, CITY, STATE AND ZIP:

STREET ADDRESS

CITY

ST

ZIP

If applicant requests copy of Consumer Report, Manager should call 1-800-765-7465

Bass and Meineke

Application for Employment

1. Position applied for _____ 2. Department _____
(one per application)

3. Social Security No. _____

4. Full legal name _____ 6. Home Phone () _____
Last First Middle

5. Address _____ 7. Business Phone () _____

_____ 8. E-mail Address _____
City State Zip

9. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
 b. If you did not complete high school, do you have a high school equivalency diploma? Yes No
 c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

10. EXPERIENCE — Use *Supplementary Experience Form(s)* for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment)

Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

11. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. MISCELLANEOUS

a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____

b. Check which job status you will accept: Full-time Part-time (specify) _____

c. Check which employment status you will accept: Salaried (benefits) Hourly (No benefits) Part-time salaried (leave benefits only)

d. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?

Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

e. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the following:

Description of offense:

Statute or ordinance (if known): Date of Charge: ; Date of Conviction

County, City, State of Conviction:

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

____ Month ____ Day ____ Year

14. CERTIFICATION--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the use, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ Applicant Signature _____

Application for Employment

Please fill out form completely for employment consideration. Print and fax or mail when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Last Name	First	Middle	Date
Street Address			Home Phone () -
City, State, Zip			
Business Phone () -			Email Address:
What was your previous address?			How long at present address? _____ Years _____ Months
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.			How long at present address? _____ Years _____ Months
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			Social Security No. - -
How did you learn of our organization?			
Are you legally eligible for employment in the United States?			When will you be able to work?
Are you employed now?		If so, may we inquire of your present employer?	
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full.			

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?

Yes No If Yes, please explain.

Drivers License#

State

Any Violations?

Yes No

Education

School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Degree or diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Military

Complete this section if you served in the U.S. Armed Forces	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month & Year)
	From _____ To _____
	Rank at Discharge
	Date of Final Discharge

Employment History Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1.	Company Name	Telephone () -
	Address	Employed (Start Month and Year)
		From _____ To _____
	Name of Supervisor	Hourly Rate
		Start _____ Last _____
	Start Job Title and Describe Your Work	Reason for Leaving

2.	Company Name	Telephone () -
	Address	Employed (Start Month and Year)
	Name of Supervisor	From To Hourly Rate
	Start Job Title and Describe Your Work	Start Last Reason for Leaving

3.	Company Name	Telephone () -
	Address	Employed (Start Month and Year)
	Name of Supervisor	From To Hourly Rate
	Start Job Title and Describe Your Work	Start Last Reason for Leaving

4.	Company Name	Telephone () -
	Address	Employed (Start Month and Year)
	Name of Supervisor	From To Hourly Rate
	Start Job Title and Describe Your Work	Start Last Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	Do not contact
	Employer Number(s) _____
	Reason _____

References: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

Please complete and mail or fax a copy of this form to:

Environmental Recycling
Attn: Human Resources
PO Box 167, Bowling Green, Ohio 43402
Phone (419) 354-6110
Fax (419) 354-5110

<http://www.envrecycle.com/>