

periwinkle boutique

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 _____