

# Application for Employment with Francesca's Collections

**Personal Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ N/A  
 Present address: \_\_\_\_\_ City, State, zip code: \_\_\_\_\_  
 Permanent address: \_\_\_\_\_ City, State, zip code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Referred by: \_\_\_\_\_

**Employment Desired:**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_  
 Salary desired: \_\_\_\_\_ Are you employed? \_\_\_\_\_  
 May we inquire of your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever applied with Francesca's before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_  
 Please list below any relatives that are currently employed within Francesca's:  
 \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If "Yes," please explain: \_\_\_\_\_  
 \_\_\_\_\_

**Education History:**

	Name & location	Years completed	Diploma/Degree
High School			
College			
Trade schools or business school			

**Former Employers:**

Please give an accurate, complete employment record, filling out all sections. Start with your present or last job. Include military service assignments and volunteer activities.

Date:	Name & address	Salary	Position	Reason for leaving
to: from:				
to: from:				
to: from:				

**General Information:**

Special skills and qualifications:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**References:**

Name:	Address & phone number:	Years known:

Days available: \_\_\_\_\_  
\_\_\_\_\_

Hours available: \_\_\_\_\_  
\_\_\_\_\_

Prosepctive applicants will receive consideration without discrimination because of race, color, religion, sex, national origin, age, marital or veteran status, non-job-related medical conditions or handicaps, or any other legally protected status.

**Authorization:**

I verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.

I authorize you to engage a consumer reporting agency to investigate my credit and personal history. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain form the the nature and substance of the report.

I acknowledge that if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I also understand that this means I am free to quit my employment at any time, for any reason, without notice. I understand that only an authorized representative of the company has authority to change the terms of an at-will employment and that any such change can occur only in a written employment contract.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_