

PERFUMANIA

BTB EMPLOYMENT APPLICATION

Applicants are considered for positions for which they are qualified and associates are employed without regard to race, color, religion, sex, national origin, age, marital status, mental or physical disability, or any other legally protected characteristic required by law.	Today's Date
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PERFUMANIA is an equal opportunity employer

Name (Last)	(First)	(Middle)
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Permanent Address (Number, Street, City, State & Zip)

Previous Address (If at current less than 3 years)

Home Phone Number	Alternate/Cell Phone Number	Email address
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Emergency Contact Name & Phone Number

Have you ever worked or attended school under another name? (i.e. Maiden Name)	If yes, please provide:
Yes No	

Position applying for	Salary Desired	Are you 18 years of age or older?
		Yes No

Have you ever been employed by this company before?	If yes, give date and location	Reason for leaving
Yes No		

Availability (Please circle):	Date you can start:
Full-time Part-Time Temporary Nights Weekends	

Days you are available to work: (Please Circle)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you laid-off and subject to recall?	How did you learn about this job? (Please Circle)			
Yes No	Associate referral: Name _____ Clerk No. _____			
	CareerBuilder Walk-in Work in Retail Newspaper Ad Craig's List Other _____			

Please list any relatives or friends employed with us (please circle):

Friend Relative Name:

Are you a US citizen or alien authorized to work in the United States?

Yes No

Education (List any other training related to the position you are seeking under "Other.")

School	Name and Location	Course of Study	Circle last year completed	Did you graduate?	Degree or Diploma
College			1 2 3 4		
High School			1 2 3 4		
Other			1 2 3 4		

Employment (List your last employers, starting with THE MOST RECENT OR PRESENT. Please give accurate, complete full-time and part time employment record.)

Name of Business:	Name of Supervisor:	Pay Rate Start:	Dates Start:	Reason for Leaving May we contact? <input type="checkbox"/>
Address:	Phone Number:	End:	End:	
Duties and Responsibilities:		Job Title:		
Name of Business:	Name of Supervisor:	Pay Rate Start:	Dates Start:	Reason for Leaving May we contact? <input type="checkbox"/>
Address:	Phone Number:	End:	End:	
Duties and Responsibilities:		Job Title:		
Name of Business:	Name of Supervisor:	Pay Rate Start:	Dates Start:	Reason for Leaving May we contact? <input type="checkbox"/>
Address:	Phone Number:	End:	End:	
Duties and Responsibilities:		Job Title:		
Name of Business:	Name of Supervisor:	Pay Rate Start:	Dates Start:	Reason for Leaving May we contact? <input type="checkbox"/>
Address:	Phone Number:	End:	End:	
Duties and Responsibilities:		Job Title:		

We may contact the employers listed above unless you indicate those you do not want us to contact

Please explain periods of unemployment or other periods not accounted for above:

BY SIGNING THIS APPLICATION, I AUTHORIZE THE COMPANY TO MAKE ANY INVESTIGATION OF EDUCATION, EMPLOYMENT, PERSONAL HISTORY, CRIMINAL RECORD, FINANCIAL AND CREDIT RECORD THROUGH INVESTIGATIVE AND CREDIT AGENCIES AND BUREAUS OF THE COMPANY'S CHOICE AND IN ACCORDANCE WITH THE FAIR CREDIT REPORTING ACT (FCRA). MY SIGNATURE ALSO INDICATES AN AWARENESS THAT FALSE STATEMENTS OR FAILURE TO DISCLOSE INFORMATION MAY DISQUALIFY ME FROM EMPLOYMENT OR, IF EMPLOYED, MAY RESULT IN DISMISSAL.

SIGNATURE OF THE APPLICANT _____ DATE _____