

PERFUMANIA HOLDINGS INC.

Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR _____

DATE OF APPLICATION _____

PERSONAL

PLEASE PRINT

FULL NAME	FIRST MIDDLE LAST		
PRESENT ADDRESS	STREET CITY STATE ZIP	HOW LONG	HOME TELEPHONE #
PREVIOUS ADDRESS	STREET CITY STATE ZIP	HOW LONG	CELL PHONE #
IF NO PHONE, HOW MAY WE CONTACT YOU?			
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS? [] YES [] NO IF YES, NAME OF RELATIVE:			
HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE? [] YES [] NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.			
HAVE YOU EVER APPLIED FOR THE COMPANY OR ITS DIVISIONS BEFORE? [] YES [] NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.			
HOW WERE YOU REFERRED:			

GENERAL INFORMATION

IF YOU ARE UNDER AGE 18, PLEASE STATE YOUR AGE:	IF UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? [] YES [] NO
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? [] YES [] NO	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT A REASONABLE ACCOMMODATION? [] YES [] NO	
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? [] YES [] NO IF YES, PLEASE EXPLAIN:	
WAGE EXPECTED	DATE AVAILABLE FOR WORK?

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	EMPLOYER	FROM		JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.		
	NAME OF COMPANY			DESCRIBE YOUR JOB DUTIES	
	ADDRESS	TO			
	CITY, STATE, ZIP	MO.	YR.		
	PHONE NO.	TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR
EXPLAIN ANY PERIOD BETWEEN JOBS					
2	EMPLOYER	FROM		JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.		
	NAME OF COMPANY			DESCRIBE YOUR JOB DUTIES	
	ADDRESS	TO			
	CITY, STATE, ZIP	MO.	YR.		
	PHONE NO.	TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR
EXPLAIN ANY PERIOD BETWEEN JOBS					
3	EMPLOYER	FROM		JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.		
	NAME OF COMPANY			DESCRIBE YOUR JOB DUTIES	
	ADDRESS	TO			
	CITY, STATE, ZIP	MO.	YR.		
	PHONE NO.	TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR
EXPLAIN ANY PERIOD BETWEEN JOBS					

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
GRADUATE SCHOOL			1 2 3 4	[] YES [] NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? [] YES [] NO

If Yes, please explain _____

BUSINESS REFERENCES

1	NAME	OCCUPATION BUSINESS PHONE	
	HOME ADDRESS HOME PHONE	TITLE	RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN	
2	NAME	OCCUPATION BUSINESS PHONE	
	HOME ADDRESS HOME PHONE	TITLE	RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN	

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. By signing this application, I authorize the company to make any investigation of education, employment, personal history, criminal record, financial and credit records 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 my dismissal.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and any

Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by an officer of the company, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____