

PERFUMANIA

SALARY BAN -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	
PERFUMANIA is an equal opportunity employer						
Name (Last)		(First)		(Middle)		
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		
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?
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:	Dates Start:	Reason for Leaving May we contact? <input type="checkbox"/>
Address:	Phone Number:	End:	
Duties and Responsibilities:		Job Title:	
Name of Business:	Name of Supervisor:	Dates Start:	Reason for Leaving May we contact? <input type="checkbox"/>
Address:	Phone Number:	End:	
Duties and Responsibilities:		Job Title:	
Name of Business:	Name of Supervisor:	Dates Start:	Reason for Leaving May we contact? <input type="checkbox"/>
Address:	Phone Number:	End:	
Duties and Responsibilities:		Job Title:	
Name of Business:	Name of Supervisor:	Dates Start:	Reason for Leaving May we contact? <input type="checkbox"/>
Address:	Phone Number:	End:	
Duties and Responsibilities:		Job Title:	
Name of Business:	Name of Supervisor:	Dates Start:	Reason for Leaving May we contact? <input type="checkbox"/>
Address:	Phone Number:	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 _____