

Important Application Information

Complete the Application by answering **ALL** questions and providing accurate information before you submit your application. Don't jeopardize your opportunity to join the Styles for Less team because your application is incorrect. Below is a listing of the most commonly missed and/or incomplete questions:

Date of Application

Last Name, First Name

Home or Cell Number

SSN – Last 4 digits only

Present Street Address (and time at location)

Position Desired

Location Desired

Salary/Compensation Desired

Part or Full time

Hours Available (each day must be filled in)

Previous Employment

- Complete employment addresses
- Beginning and Ending Dates (Month/Year)
- Beginning and Ending Pay
- Position or Title
- Reason for Leaving

Explain fully any gaps in your employment

Date and Signatures on pages 3 and 4

*Reminder, an application with missing/incomplete information will **NOT** be processed.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including any period of unemployment. [Add additional page if necessary]

_____ Present or Last Employer _____ Address _____ City State Zip Code	Employed (mm/yy) From _____ To _____ _____ _____ Pay Start _____ Final _____	_____ Your Title or Position _____ Name and Title of Last Supervisor _____ Telephone Number	Exact Reason for Leaving _____ _____ _____
_____ Present or Last Employer _____ Address _____ City State Zip Code	Employed (mm/yy) From _____ To _____ _____ _____ Pay Start _____ Final _____	_____ Your Title or Position _____ Name and Title of Last Supervisor _____ Telephone Number	Exact Reason for Leaving _____ _____ _____
_____ Present or Last Employer _____ Address _____ City State Zip Code	Employed (mm/yy) From _____ To _____ _____ _____ Pay Start _____ Final _____	_____ Your Title or Position _____ Name and Title of Last Supervisor _____ Telephone Number	Exact Reason for Leaving _____ _____ _____
_____ Present or Last Employer _____ Address _____ City State Zip Code	Employed (mm/yy) From _____ To _____ _____ _____ Pay Start _____ Final _____	_____ Your Title or Position _____ Name and Title of Last Supervisor _____ Telephone Number	Exact Reason for Leaving _____ _____ _____

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No If no, please explain:

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying.

Have you ever used another name? Yes No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

If hired, can you furnish proof that you are over 18 years of age? Yes No

Do you have adequate transportation to and from work? Yes No

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra Curricular Activities
Elementary: _____	9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
High School: _____	9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
College/University _____	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Graduate/Professional _____	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Trade/Correspondence _____	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Other _____	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

PERSONAL REFERENCES

Please list persons who know you well / **not** previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME , YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant

APPLICANT'S STATEMENT & AGREEMENT

EMPLOYMENT AND BACKGROUND

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law and consistent with Company policy. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment, to the extent permitted by law and consistent with Company policy. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed. I further understand that the Company may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right [].

I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

REQUIREMENT TO PRODUCE PAY STUB FOR MANAGEMENT APPLICATIONS ONLY

I understand that if my application process advances to the final round of interviewing for a management position with the Company, I will be required to produce an original copy of a pay stub from my last employment. In the event I am unable to produce an original pay stub from my immediate past employment, I will execute an authorization to release all payroll records from my immediate past employer, detailing my dates of employment and income. This will be used to verify my salary history.

CERTIFICATION OF ACCURACY

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, my employment may be terminated immediately, upon the discretion of Company. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. All references to employment laws will be based on the state to which this application applies.

ARBITRATION AGREEMENT

I further agree and acknowledge that the Company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both the Company and I agree that any claim, dispute, and/or controversy that either I may have against the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or the Company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the state law for the state where the arbitration agreement was signed and/or the state where I work, or any other applicable state or federal law or regulation, equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board. Claims for workers' compensation or for unemployment compensation benefits, or that the Company or I may have for injunctive relief are not covered by the Arbitration Agreement.

However, all statutory claim for or related to employment discrimination or harassment must be filed with the federal Equal Employment Opportunity Commission or comparable state or local agency within the time limits set forth by applicable local, state and federal law, prior to being submitted to arbitration or such claims are waived. If the Company or I do not make a written request for arbitration within the limitations period applicable to a claim under applicable federal or state law, the party has waived its right to raise that claim, in any forum, arising out of the issue or dispute. The Company and I agree that, except as provided in this Agreement, any arbitration shall be in accordance with the Federal Arbitration Act. The arbitration shall take place in the county in which Employee worked for Employer, unless such venue is inconvenient to the majority of witnesses expect to be necessary to the case or unless the parties agree to some other locale. The Arbitration fees shall be borne in their entirety by the Employer; except that if I initiate a claim, I will pay a fee equal to the filing fee of the relevant court or jurisdiction. The arbitrator selected shall be selected as follows: The parties shall first attempt to select a neutral arbitrator by mutual agreement. If the parties are unable to select a neutral arbitrator by mutual agreement, the parties will obtain a random list of arbitrators to be prepared jointly by the Company and/or the Applicant. The parties will then alternate striking names from the list, until there remains only one name. This person will act as the arbitrator. The parties to the agreement who seek arbitration and against whom arbitration is sought may within five days of receipt of notice of the nominees from the joint list may jointly select an arbitrator whether or not the arbitrator is among the nominees. The Arbitrator shall apply the substantive law (and the law of remedies, if applicable) of the state in which the arbitration is taking place, or federal law or both, as applicable to the claim(s) asserted. The Arbitrator shall have the authority to award all remedies and relief that would otherwise have been available if the claim had been brought by way of a civil complaint in court. The arbitration shall be final and binding upon the parties. Awards shall include the arbitrator's written reasoned opinion. I understand and agree to this binding arbitration provision, and both I and the Company give up our right to trial by jury of any claim I or the Company may have against each other.

EMPLOYMENT AT-WILL

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the Company and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by myself and the President of the Company. No supervisor or representative of the Company, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THE SAME. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

Signature: _____ Date: _____