



Application for Employment

www.yankeecandle.com

P.O. Box 110, South Deerfield, MA 01373-0110

The Yankee Candle Company, Inc. and its subsidiaries will provide reasonable accommodation in completing the application to qualified individuals with disabilities as long as the accommodation will not pose an undue hardship to Yankee Candle.

Contact the Human Resources department for further information.

DATE OF APPLICATION: _____ POSITION(S) APPLIED FOR: _____

PERSONAL INFORMATION

(Please Print)

Full Name: _____

Phone # (Home): _____

Address: _____

Phone # (Mobile): _____

City, State, Zip: _____

Email Address: _____

Are you at least 18 years of age? ☐ No ☐ Yes

If under 18 years of age, can you furnish a work permit? ☐ No ☐ Yes

Do you have the legal right to work in the United States? ☐ No ☐ Yes

Are you willing to travel if required? ☐ No ☐ Yes

Have you filed an application here before? ☐ No ☐ Yes

If yes, please list date: _____

Have you been previously employed here? ☐ No ☐ Yes

If yes, please list date: _____

Are you currently employed? ☐ No ☐ Yes

If yes, may we contact your present employer? ☐ No ☐ Yes

If yes, please print employer: _____

REFERRAL SOURCE: (Please Check Only One)

☐ Radio Ad ☐ College Recruiting

☐ Walk-in ☐ High/Trade School

☐ Job Fair ☐ Employment Agency

☐ Newspaper (list paper): _____

☐ Internet (list website): _____

☐ Other: _____

AVAILABILITY

Employment Desired: ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Shift: ☐ 1st ☐ 2nd ☐ 3rd ☐ 5th ☐ 6th

Availability: (Please specify hours)

☐ Other: _____

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
From:							
To:							

On what date will you be available to start work?

EDUCATION & SKILLS

	High School	College/ University	Graduate/ Professional
Name of School			
Location			
Years Completed			
Diploma/Degree			
Course of Study			

SPECIAL SKILLS AND QUALIFICATIONS: Summarize special skills, qualifications, workshops, seminars attended, training received or any other activities which demonstrate your qualifications for the position for which you are applying.

MILITARY INFORMATION

* This information is voluntary

Have you served in the U.S. Armed Forces? ☐ YES ☐ NO Branch of service: _____ From _____ To _____
Final rank _____

Are you in the Reserve or National Guard? ☐ YES ☐ NO Branch _____

EMPLOYMENT HISTORY & REFERENCES

List previous employers starting with your present or most recent employer. You may **include** any verified work performed on a voluntary basis. You may **exclude** organizations which indicate race, creed, color, religion, gender, sexual orientation, marital status, national origin, age, disability, veteran status, Vietnam Era Veteran or a member of the Reserves/National Guard. **This information must be completed even if you plan on submitting a resume with your application.**

(Please Print in the space provided) If you need additional space, please use a separate sheet of paper and include with your application.

Employer:		From (month/year)	To (month/year)
Job Title:		Work/Duties Performed:	
Address:			
Supervisor:			
Phone #:			
Starting Wage:	Ending Wage:	Reason for Leaving:	

Employer:		From (month/year)	To (month/year)
Job Title:		Work/Duties Performed:	
Address:			
Supervisor:			
Phone #:			
Starting Wage:	Ending Wage:	Reason for Leaving:	

Employer:		From (month/year)	To (month/year)
Job Title:		Work/Duties Performed:	
Address:			
Supervisor:			
Phone #:			
Starting Wage:	Ending Wage:	Reason for Leaving:	

PROFESSIONAL REFERENCES: Please list two business references (non-relatives). Manager/Supervisory references preferred.

Name:		Name:	
Address:		Address:	
Phone #:	Relationship:	Phone #:	Relationship:

BACKGROUND INFORMATION

SEALED OR EXPUNGED RECORD NOTICE: An applicant for employment with a sealed record on file with the Commissioner of Probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer “no record” with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases or delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

NOTICE TO APPLICANT REGARDING CONVICTIONS: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.

- **California** applicants may exclude any conviction more than two years old for a marijuana-related offense, and any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.
- **Connecticut** applicants are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a, (2) that criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and (3) that any person whose criminal records have been erased pursuant to section , 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.
- **Georgia** applicants do not need to disclose first offender crimes in which the offender has been discharged without court adjudication of guilt.
- **Hawaii** applicants should not answer either of the questions below.
- **Louisiana** applicants do not need to report any misdemeanor convictions.
- **Massachusetts** applicants are not required to answer the following felony and misdemeanor question upon “initial” application, but may be required to answer at a later time during the interview process. All applicants may answer “no” with respect to a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace.
- **Utah** applicants do not need to report any misdemeanor convictions.

• **ALL Applicants - Please read the above state instructions before answering the following questions.**

• **Massachusetts Residents – DO NOT answer the two questions below at this time.**

Have you been convicted of a misdemeanor within the past five years, excluding sealed convictions and convictions which have been expunged or annulled by the court? ☐ No ☐ Yes If yes, please explain: _____

Have you been convicted of a felony within the past ten years, excluding sealed convictions and convictions which have been expunged or annulled by the court? ☐ No ☐ Yes If yes, please explain: _____

APPLICANT STATEMENT

NOTICE TO APPLICANT: It is unlawful in Massachusetts and California to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.

I understand and agree that if hired, I will be an employee-at-will. This means that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Yankee Candle Company or myself. I also understand that this written statement contains our entire agreement about my at-will status and supersedes any past, future, or oral representations made by agents or representatives of the company/organization. In Montana, which does not recognize at-will employment, I understand I can be terminated for any reason not prohibited by law or Yankee Candle Company's policies.

I declare that the information and statements which I have made in this application are true, complete, and correct. I understand and agree that any falsified, omitted, or misrepresented information, may disqualify me from further consideration for employment, or may result in my dismissal if discovered at a later date.

I authorize my former employers (and my present employer, if I authorize the Company to contact it), educational institutions and references to furnish any information to the company that concerns me, in terms of qualifications, character, general reputation, and my employment history. I waive any right of disclosure to me by the Company of information so obtained, and agree to hold harmless the company, my former and present employers, educational institutions and references from any liability arising out of, related to or resulting from such disclosures.

In signing this form, I certify that I understand all the questions and agree with all statements made within this application.

Signature: _____

Date: _____



Self-Identification of Gender, Race and Ethnicity (Pre- & Post-Offer)

DATE OF APPLICATION _____ POSITION APPLIED FOR _____ LOCATION/STORE # _____
NAME (FIRST, MIDDLE, LAST) _____

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice: It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, national origin, covered veteran status, or any other characteristic protected by Federal, state, or local law. The Yankee Candle Company, Inc. and its subsidiaries are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Yankee Candle invites applicants and employees to voluntarily self-identify their gender, race, ethnicity, and veteran status. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

PLEASE ANSWER THE FOLLOWING QUESTIONS

I ☐ do ☐ do not wish to provide my gender, race and ethnicity at this time.
(If you checked "do not" please print your name, date and sign below.)

What is your gender? ☐ Male ☐ Female

What is your race/ethnicity? You may mark only one box.

- ☐ Hispanic or Latino
- ☐ White (Not Hispanic or Latino)
- ☐ Black or African American (Not Hispanic or Latino)
- ☐ Asian (Not Hispanic or Latino)
- ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- ☐ American Indian or Alaskan Native (Not Hispanic or Latino)
- ☐ Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races. You may mark all boxes that apply.
 - ☐ White (Not Hispanic or Latino) ☐ Black or African American (Not Hispanic or Latino)
 - ☐ Asian (Not Hispanic or Latino) ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
 - ☐ American Indian or Alaskan Native (Not Hispanic or Latino)

DEFINITIONS

Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White (Not Hispanic or Latino) – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – a person having origins in any of the black racial groups of Africa.

Asian (Not Hispanic or Latino) – a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaskan Native (Not Hispanic or Latino) – a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Print Name

Signature

Date



Invitation to Voluntarily Self-Identify Section 4212 Veteran Status (Pre- & Post-Offer)

DATE OF APPLICATION _____ POSITION APPLIED FOR _____ LOCATION/STORE # _____

NAME (FIRST, MIDDLE, LAST) _____

The Yankee Candle Company is subject to Section 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended ("Section 4212"), which prohibits discrimination against, and requires Federal Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. In addition, we are required to annually report to the Federal Government on the number of veterans we hire and employ who fall into one or more of the above Section 4212 veteran categories.

The following invitation to self-identify your veteran status for these purposes is made pursuant to Section 4212. Disclosure of this information is completely voluntary and refusing to provide it will not subject you to any adverse treatment. The information will be kept confidential and used only in ways that are consistent with Section 4212.

Please read the following definitions carefully and then indicate whether you believe *any* of the categories apply to you.

Active Duty Wartime or Campaign Badge Veteran: a veteran who served on active duty in the U.S. military, ground, naval, or air service either during a "period of war" as defined below *or* in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

"Period of war" is defined for these purposes by the Department of Labor as:

June 27, 1950 – January 31, 1955 (Korean conflict);

February 28, 1961 – May 7, 1975 (for veterans serving in the Republic of Vietnam);

August 5, 1964 – May 7, 1975 (for all other veterans who served during the Vietnam conflict); and

August 2, 1990 – present (Gulf War).

Information on the wars, campaigns, or expeditions for which a campaign badge has been authorized may be found on the following website, <https://www.opm.gov/policy-data-oversight/veterans-services/vet-guide/>.

Armed Forces Service Medal Veteran: a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Disabled Veteran: (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; *or* (ii) a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran: any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

☐ Yes, I believe one or more of the above categories apply to me, as follows:

☐ Active Duty Wartime or Campaign Badge Veteran

☐ Disabled Veteran

☐ Armed Forces Service Medal Veteran

☐ Recently Separated Veteran Military Discharge Date _____

☐ Yes, I believe one or more of the above categories apply to me, but I choose not to self-identify the category or categories.

☐ No, I do not believe one or more of the above categories apply to me.

☐ I prefer not to answer.

Print Name

Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.