

Employment Application

As an equal opportunity employer, The CATO Corporation (*Cato, It's Fashion and It's Fashion Metro Stores*) does not discriminate in hiring or terms and conditions of employment because of an individual's race, color, creed, religion, ancestry, or national origin, disability, age or sex, except where a reasonable bona fide occupational qualification exists. The CATO Corporation reserves the right to test applicants/associates for the presence of drugs and/or alcohol in accordance with the Company's substance abuse policy.



www.catocorp.com
The CATO Corporation
8100 Denmark Rd.
Charlotte, NC 28273

Date:	<input type="text"/>	Position Applied for:	<input type="text"/>
Name:	<input type="text"/>	Salary Desired:	<input type="text"/>
Address:	<input type="text"/>	Schedule Availability:	<input type="text"/>
City/State:	<input type="text"/>	Hours/Days:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>	<input type="radio"/> Full-Time <input type="radio"/> Part-time <input type="radio"/> Temporary	
Home Phone:	<input type="text"/>	Date available to begin work?	<input type="text"/>
Cell Phone:	<input type="text"/>		
E-mail Address:	<input type="text"/>		

Have you ever been employed by The CATO Corporation or any of its divisions? yes no

If yes, what location? City State

Dates of Employment: From: To: **Last Position Held:**

Have you ever been convicted of a crime other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and related circumstances will be evaluated in relation to the job for which you are applying.) yes no

If yes, please explain

If hired, can you submit documentation verifying your identity and your legal right to work in the U.S.? yes no

If you have a relative (by birth, adoption or marriage) that currently works for The CATO Corporation or any division, please complete the following information:

Name: **Location:**

Education

Type of School	Name of School and City/State	No. Years Completed	Diploma or Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>
College, Business, or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional or Graduate School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Skills:

Training:

Computer: PC Mac Both

Software Applications (list all that apply):

Certifications:

Employment History(list up to 4)

Please add your employment history beginning with your current or most recent job:

1.
Name of Employer:

Name of last supervisor:

Dates of employment: From: To: Salary: From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific): Resigned Discharged Laid Off or Lack of Work

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: yes no

2.
Name of Employer:

Name of last supervisor:

Dates of employment: From: To: Salary: From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific): Resigned Discharged Laid Off or Lack of Work

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: yes no

3.
Name of Employer:

Name of last supervisor:

Dates of employment: From: To: Salary: From: To:

Complete Address:

Phone #:

Complete next page

Last job title:

Reason for Leaving (be specific): Resigned Discharged Laid Off or Lack of Work

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: yes no

4.

Name of Employer:

Name of last supervisor:

Dates of employment: From: To: Salary: From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific): Resigned Discharged Laid Off or Lack of Work

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: yes no

Please list 3 references other than relatives and previous employers:

Name	Position	Company	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby acknowledge that I have read the below statements and understand same.

Signature Field

Date:

**Date is required if this form is not digitally signed.*

My signature above certifies that all information in this application and the answers given by me during the interview process are accurate and complete to the best of my knowledge and subject to verification by The CATO Corporation. I further understand that if, the judgment of the company, I have included any misrepresentation or omission of the facts or circumstances, that this false information will result in the refusal and/or termination of my employment if discovered after date of hire.

I understand that this applications is good only for 60 days from today's date. If I still desire a position with the company after the application expires, it will be my responsibility to complete a new application and submit it to the company. Otherwise, the company will not consider me for employment after this application expires.

I authorize The CATO Corporation to communicate with all my former employers, business associates, school officials and persons named as references; as well as any third parties such as financial institutions, credit or public record agencies of CATO's choice. In order to complete a thorough investigation of the information included on this application, my education, employment, financial and credit history may be verified to obtain information regarding my character and qualifications. I hereby release all employers, schools, third party agencies and individuals contacted from any liability for any damage whatsoever resulting from giving such information. I understand that I have a right to make a written request within a reasonable period of time to receive additional information about the nature and scope of such investigative report.

I understand that at any time should I become an authorized driver of a company vehicle I give permission to complete a check of my driving record. I specifically understand and authorize the procurement of an investigative consumer credit report (specifically a motor vehicle report - MVR) and understand that it may contain information about my background, mode of living, character, general reputation and personal characteristics.

If hired, I understand that my first three months of employment are a preliminary "Introductory Period". Further, I acknowledge that The CATO Corporation maintains an "at will" employment relationship with all employees. I further understand that as The CATO Corporation deems necessary, I may be required to work overtime or hours outside a normally defined work day or work week. I also understand that I am required to abide all policies, procedures, rules and regulations of The CATO Corporation.

Complete next page

Applicant Drug Testing Consent Agreement

As a prerequisite to employment, I hereby agree to allow The Cato Corporation's drug testing vendor to collect urine samples from me to determine the presence of drugs in my body. Further, I give my consent to the release of my test results to authorized Cato Human Resources management for appropriate review.

I understand that the results of the drug testing of my urine, if positive, will remove me from consideration for employment. I also understand that if I refuse to test, I will be removed from further consideration for employment. Adulterated or substituted specimen constitutes a refusal to test.

Further, I understand that, if employed by The Cato Corporation, I must abide by the terms of The Cato Corporation's Substance Abuse Policy and may be required to submit to testing for the presence of drugs and/or alcohol as required by the company. I understand that submission to such testing is a condition of employment with The Cato Corporation and disciplinary action, up to and including termination, may result for violating The Cato Corporation's Substance Abuse Policy.

I understand that I have the right to retest a confirmed positive sample at the same or other approved laboratory. The Cato Corporation, through the approved laboratory, will make confirmed positive samples available to me, or a designated agent, during the time that the sample is required to be retained. I must request release of the sample in writing specifying to which approved laboratory the sample is to be sent. I will be responsible for payment of all reasonable expenses for chain of custody procedures, shipping and retesting of positive samples related to this request.

I hereby consent to the administration of the drug test and to the terms of the Consent Agreement. I understand that the "TIME MY SPECIMEN IS COLLECTED", as recorded by the site Collector, MUST be within twenty-four hours of the "TIME I AM NOTIFIED" to report for specimen collection. It is my responsibility to arrive at the collection site early to ensure timely specimen collection. I understand that time is of the essence.

Applicant's Name
(Please Print)

Applicant's
Signature

*Date

STORE APPLICANTS ONLY:

Store Applicants must print these forms and take them to the store. You may also save this data for reference.

CORPORATE AND DISTRIBUTION CENTER APPLICANTS ONLY:

Corporate and Distribution Center Applicants should save this data. Only applicants for the Corporate Offices and Distribution Center may submit this application via e-mail to catojobs@catocorp.com.