

AMERICAN EAGLE OUTFITTERS

American Eagle Outfitters Canada Corporation is an equal opportunity employer. All applicants and employees are considered for employment, advancement, and compensation based upon their skills and performance without regard to race, sex, national origin, citizenship status, age, ancestry, handicap, disability, marital status, or any other ground under Human Rights legislation.

Please complete all requested information. (Please print legibly in ink.)

GENERAL INFORMATION

Location/Store # _____ Today's Date _____

Name (Last First Middle)			Telephone - Home		Telephone - Work						
Street Address			Position Desired		Date you can start work						
City Province Postal Code			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>		Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> All <input type="checkbox"/>						
Willing and able to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, identify geographical area: _____			Please indicate the hours you are available to work during both day and evening shifts for each day: (i.e. 5 p.m.-10 p.m.)								
Have you ever worked for American Eagle Outfitters, Thrifty's, Bluenotes or NLS before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state where, when, final position, and reason for leaving: _____			Shift	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
			From								
			To								
Have you ever applied to American Eagle Outfitters, Thrifty's, Bluenotes or NLS before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where and when?			Note: Should your availability change, it is your responsibility to notify your manager. (Any changes to availability are subject to manager approval based on business need.)								

Do you have a spouse, child, or parent currently employed by American Eagle Outfitters, Thrifty's/Bluenotes, and/or NLS? Yes ☐ No ☐

If yes, identify by name(s) relationship, position and location where employed: _____

Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your employment history?

Yes ☐ No ☐ If yes, please explain: _____

EMPLOYMENT HISTORY

List all current and former employers, beginning with present or most current employer first. Include any periods of unemployment, self employment, etc.
Information provided is subject to verification. Please explain any gaps in employment in the general comment space provided on the back of this application.

Company Name				Starting Position		Starting Salary	
Street City Province Postal Code				Last Position		Final Salary	
Phone Supervisor's Name Title				Duties:			
Reason for leaving: May be contacted now? Yes <input type="checkbox"/> No <input type="checkbox"/>				Dates of employment Start: (Month/Year) End: (Month/Year)			
Company Name				Starting Position		Starting Salary	
Street City Province Postal Code				Last Position		Final Salary	
Phone Supervisor's Name Title				Duties:			
Reason for leaving: May be contacted now? Yes <input type="checkbox"/> No <input type="checkbox"/>				Dates of employment Start: (Month/Year) End: (Month/Year)			
Company Name				Starting Position		Starting Salary	
Street City Province Postal Code				Last Position		Final Salary	
Phone Supervisor's Name Title				Duties:			
Reason for leaving: May be contacted now? Yes <input type="checkbox"/> No <input type="checkbox"/>				Dates of employment Start: (Month/Year) End: (Month/Year)			

ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

Have you ever been discharged from any employment? _____
Yes ☐ No ☐ If yes, please explain: _____

Have you ever been convicted (found guilty) of a criminal offense for which you have not been pardoned? _____
Yes ☐ No ☐ If yes, state details (When/for what/final disposition?): _____

Note: Depending on the nature of the offense, a conviction record will not necessarily bar individuals from employment.

PERMISSION TO WORK

Are you legally eligible to work in Canada?
Yes ☐ No ☐

PROFESSIONAL REFERENCES

Professional references can include current or former Supervisors, Counselors, Teachers, Professors, and/or Coaches

Professional Reference (Not related to you)				Professional Reference (Not related to you)											
Name (Last		First		Middle)		Name (Last		First		Middle)					
Street		City		Province		Postal Code		Street		City		Province		Postal Code	
Phone				Job Title				Phone				Job Title			
How acquainted and for how long?								How acquainted and for how long?							

EDUCATION AND TRAINING

Type of School	Number of years completed	Diploma or Degree	Type	Type of Course / Major
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>		
College		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Post Grad		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Additional Training		Yes <input type="checkbox"/> No <input type="checkbox"/>		

If job related, indicate the job skills which you have performed: _____

REFERRAL SOURCE			CAREER OBJECTIVES
How did you hear of this position?			Why are you interested in working for American Eagle Outfitters and what are your career objectives?
Walk in applicant	<input type="checkbox"/>		
Newspaper ad	<input type="checkbox"/>	Name _____	
Community Organization	<input type="checkbox"/>	Name _____	
Employment Agency	<input type="checkbox"/>	Name _____	
School/College	<input type="checkbox"/>	Name _____	
Other	<input type="checkbox"/>	Name _____	
Employee Referral	<input type="checkbox"/>	Name _____	

GENERAL COMMENTS

IMPORTANT-READ CAREFULLY BEFORE SIGNING

The statements on this application form and any resume submitted by me are absolutely true and correct. Any false or misrepresented statements could result in my not being eligible for employment or in the termination of my employment for cause, regardless of seniority or other considerations. I agree that if I should be offered and accept employment, that I will be a probationary employee for a period of 90 days (6 months in New Brunswick) during which time I may be terminated or resign without notice.

I acknowledge that after my probationary period I may also be terminated for cause without notice or pay in lieu of notice; cause can include (but not limited to) theft, insubordination, serious misconduct, conflict of interest, neglect of duty, ongoing poor performance, etc... I agree that I may also be terminated without cause, subject only to the company complying with my province's employment/labour standards legislation as my full legal entitlement and agree I have no other entitlement under common law. I understand that I am to inform myself of my employment/labour standards entitlement prior to accepting employment with the company.

I agree to abide by all company rules and regulations, written or unwritten, established by the Company, my Store Manager, or my Supervisor. I agree to become a member of any compulsory company benefit plans and programs and to remain a member of such plans for the required time period. I agree that my social insurance number can be used for record keeping purposes. The company may make inquiries of and request any information as permitted by law from the persons and companies noted and referred to on the application form or any other materials furnished by me and that no person or organization shall be liable as a consequence of the answers to such inquiries.

I understand that because of the nature of retail operations, the company reserves the right (except where prohibited by law) to conduct inspections of my person, lockers, bags (including purses and briefcases) or parcels brought into or taken out of the store. I understand that refusal to submit to a requested inspection may result (except where prohibited by law) in termination of my employment.

I hereby consent to the collection and disclosure of any relevant personal information for any purposes reasonably required in connection with my employment.

Signature _____ Date _____