WILLIAMS-SONOMA, INC.

WILLIAMS-SONOMA POTTERYBARN pottery barn kids



west elm

REJUVENATION Mark & Graham

GENERAL INFORMATION

If no, at what point may we contact him/her?

Please print in in	nk and provide all re	equested information.					An Equal O	pportunity Er	mployer		
Today's Date			□ Full	Please check all that apply: □ Full Time (30-40 hrs/week) □ Part Time (20-29 hrs/week) □ Casual (variable schedule) □ Temporary (holiday or summer)			Are you at least 18 years old?				
Name (Last, First, Middle)			□ Cas								
Street Address			If hired, you will be required to provide proof of your eligibility to work in the United States.								
City, State, Zip Co	Please indicate the hours you are available to work, during both day and evening. Note that you will not necessarily be asked to work all the hours you are available. The information enables us to source employment opportunities according to your availability.										
Telephone (preferre	ed)	Telephone (alternate)		(e.g., 9:30 am — 5:30 pm, 5:00 am — 10:00 pm)							
Email Address											
Position Desired											
Employment Locat	(It is your responsibility to notify your supervisor should your availability change.) Have you ever applied to or worked for Williams-Sonoma, Inc. or any of our brands? If you have worked for our company before please state where, when, final position and reason for leaving.										
Preferred Salary or	Preferred Salary or Hourly Rate Date Available For Work		□ Yes	□ Yes □ No							
WORK EXPE	RIENCE										
		for the last seven years, beginning in your employment history. If you						ot currently			
Employer			Starting Po	Starting Position Starting Salary or Hourly Rate							
Address (Street, City, State, Zip Code)			Last Positi	Last Position Final Salary or Hourly Rate							
Supervisor's Name / Title			Dates of E	Dates of Employment Start (Month/ Year): End (Month/ Year):							
Telephone	Reason For Leavin	ng	Duties	Duties							
Employer	Starting Po	Starting Position			Starting Salary or Hourly Rate						
Address (Street, City, State, Zip Code)			Last Posit	Last Position Final S				al Salary or Hourly Rate			
Supervisor's Name / Title			Dates of E	Dates of Employment Start (Month/ Year): End (Month/ Year):							
Telephone	Reason For Leavin	ng	Duties	Duties							
Employer	Starting P	Starting Position Starting			rting Salary or Hourly Rate						
Address (Street, C	Last Posit	Last Position Final Salary or Hourly Rate									
Supervisor's Name	Dates of E	Dates of Employment Start (Month/ Year): End (Month/ Year):									
Telephone	Reason For Leavi	ng	Duties								
May we contact vo	ur current employer?	□ Yes □ No									

ADDI	TIONAL	WORK HISTORY INFORMATION									
□ Yes	□ No	Can you perform the duties of the job for which you are applying with or y	without reasonable a	commodation? Please ask to see a job description							
		Can you perform the duties of the job for which you are applying with or without reasonable accommodation? Please ask to see a job description. If no, describe the functions of the job that cannot be performed. (We comply with the ADA and state law and consider reasonable accommodation measures									
		that may be necessary to enable eligible applicants to perform essential	functions.)								
□ Yes	□ No	Have you ever been terminated or forced to resign from any employment? If yes, please explain.									
□ Yes	□ No	Have you ever been disciplined for misconduct by a former employer? If									
EDU	CATION		AND SECTION								
		Please print name, city, and state for each school		Degree, Type of course/major							
High	High School			Degree, Type of Course/major							
Colle	ge										
Additi											
Educa											
Traini											
Compute	r Skills		Other Skills —	Please list any additional job skills that you believe w	rould bo						
□ Micro	soft Office	Powerpoint □ Access □ Publisher □ Project	relevant to the	position for which you are applying. Please also list the level of profice the position are proficient and describe the level of profice the level of profic	hose foreign						
☐ Other	□ Other Software:										
PROF	ESSION	NAL REFERENCES									
Name of Reference (not a relative)			Name of Reference (not a relative)								
Street Address			Street Address								
otteet Address			Street Address								
City, Stat	City, State, Zip Code			City, State, Zip Code							
Telephon	е	Job Title	Telephone	Job Title							
What is the relationship and how long have you known reference?			What is the relationship and how long have you known reference?								
APPL	CANT'S	STATEMENT									
Lhocom	o omploy	and I narrow to obide by the rules and regulations of MUII	0400000000	atmost of amplements of a second size of the second							
onoma,	Inc. If hire	red, I agree to abide by the rules and regulations of Williams- ed, I understand that I will be required to provide proof of my eligibility	Sonoma, Inc	ntract of employment" and signed by an officer . The above language contains our entire agreemen	it about my						
at I do n	ot have a	States. I understand that my employment is at will. This means contract of employment for any particular duration or that limits	information I h	nd there are no oral or side agreements of any k nave supplied in this application is a true and complet	e statement						
		termination in any way. I am free to resign at any time. Similarly, nc. is free to terminate my employment at any time for any or		if employed, I agree that any false statement, misre result in my immediate dismissal. I further author	*						
reason	. I under	stand that while personnel policies, programs and procedures	Sonoma, Inc.	to contact all of my previous employers, educational i	institutions a						
nanged	only if I	n be changed from time to time, my at- will status could be were to enter into an express written contract with Williams- citly promising me job security, containing the words, "This is an	information pe	r full information regarding my employment history rtinent to my application.	and for otr						
IENTATIO	ON, ANCE	PLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, CONSTRUCTION OF STATES OF STAT	OLOR, RELIGION, S, THE PRESENC	GENDER, GENDER IDENTITY, GENDER EXPRESS E OF A NON-JOB RELATED HANDICAP OR ANY OTH	ION, SEXUA						
nature_			Date								
A CONTRACTOR OF THE PARTY OF TH											