

Application for Employment with Francesca's Collections

Personal Information:

Name: _____ Date: _____
 Social Security #: _____ N/A
 Present address: _____ City, State, zip code: _____
 Permanent address: _____ City, State, zip code: _____
 Phone #: _____ Referred by: _____

Employment Desired:

Position: _____ Date you can start: _____
 Salary desired: _____ Are you employed? _____
 May we inquire of your present employer? Yes _____ No _____
 Have you ever applied with Francesca's before? _____ Where? _____ When? _____
 Please list below any relatives that are currently employed within Francesca's:

Have you ever been convicted of a crime? Yes _____ No _____
 If "Yes," please explain: _____

Education History:

	Name & location	Years completed	Diploma/Degree
High School			
College			
Trade schools or business school			

Former Employers:

Please give an accurate, complete employment record, filling out all sections. Start with your present or last job. Include military service assignments and volunteer activities.

Date:	Name & address	Salary	Position	Reason for leaving
to: from:				
to: from:				
to: from:				

General Information:

Special skills and qualifications:

References:

Name:	Address & phone number:	Years known:

Days available: _____

Hours available: _____

Prospective applicants will receive consideration without discrimination because of race, color, religion, sex, national origin, age, marital or veteran status, non-job-related medical conditions or handicaps, or any other legally protected status.

Authorization:

I verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.

I authorize you to engage a consumer reporting agency to investigate my credit and personal history. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain form the the nature and substance of the report.

I acknowledge that if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I also understand that this means I am free to quit my employment at any time, for any reason, without notice. I understand that only an authorized representative of the company has authority to change the terms of an at-will employment and that any such change can occur only in a written employment contract.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: _____

Signature: _____