



Vertage Clothing Application for Employment

Baton Rouge, Lafayette, Shreveport

<u>PERSONAL INFORMATION</u>		DATE _____	
Name (Last Name First)			
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Home Phone Number ()	Cell Phone Number ()		

EDUCATION HISTORY

Institution Name & Location	Years Attended (dates)	Degree/Major
High School		
College/University		
Trade/Business Correspondence		

Are you currently employed? YES NO

If so, may we inquire of your present employer? YES NO

Have you ever applied to Vertage Clothing before? YES NO

If yes, which location and date _____

EMPLOYMENT HISTORY

(List Below Last Four Employers, Starting With Last One First)

Dates Employed	Name & Address Of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

REFERENCES

(Give Below The Names Of Three Persons Not Related To You, Whom You Have Known At Least One Year)

Name	Address	Phone Number	Title / Occupation

POSITION INFORMATION & DETAILS

*** If you are a student, please attach a copy of your schedule to this application & complete this section***

Position applying for: _____

Date you can start: _____

Salary desired: _____

How did you hear about this job? _____

What hours can you work? _____

How many hours per work week do you wish to work? _____

Are you available to work weekends? _____

Are you available to work holidays? _____

GENERAL INFORMATION

Please List Any Work, Special Training, Skills, or Subjects of Study that would be relevant for the position in which you are applying?

Have you ever been convicted of a felony?

Yes

No

If yes, please explain:

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by authorized company representative. This waiver does 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 _____