

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Please complete all fields. Incomplete information could disqualify you from further consideration.

Personal Information

Name:	Date:	-
Address:		
E-mail Address:		-
Home Phone #:	Mobile Phone #:	_
Are you eligible to work in the U.S?	Yes No	
Are you at least 18 years or older? (Yes No	(If no, you may be required to provide authoriz	zation to work.)
Can you work any shift? Yes	No	
Comments:		
Can you work overtime, including w	reekends? Yes No	
Are you able to perform the essenwithout a reasonable accommodati	ntial functions of the job for which you are apion?YesNo	oplying, with or
Employment Desired		
Date you can start:	Hourly Rate/Salary desired:	
Store and position desired:		

Referral Source							
How did you hear a	bout us?	Walk In _	Adv	ertisement	Refe	rral	₋ Other
If referral, who may	we thank? _						
Do you know anyon	e who works	for our com	npany? _	Yes N	No		
If yes, who?							
Education							
	Name and school	location of		-	Degree Received	-	
High School							
College or University							
Trade, Business or Correspondence School							
Employment Histor	у						
Include your last se	ven (7) years	of employn	nent hist	ory, includir	ng periods (of unemp	loyment
starting with the mo	ost recent an	d working ba	ackward	s in time. Ir	ncomplete i	nformatic	n could
disqualify you from	further cons	ideration.					
Employer Name		From (date)	To (date)	Job Title			
Employer Address							
Immediate Supervi	sor Title						

Reason for Leaving

Summary of position held

Employer Name		From (date)	To (date)	Job Title
Employer Addre	2SS			
Immediate Sup				
Reason for Leav				
Summary of po	sition held			
Employer Name	<u> </u>	From (date)	To (date)	Job Title
Employer Addre	ess			
Immediate Sup	ervisor, Title			
Reason for Leav	ving			
Summary of po	sition held			
	special skills, exp			ining that would enhance your ability to
References				
Give the names	of three persons n	ot relate	d to you, v	whom you have known at least three (3)
years, that would	d be willing to prov	vide a ref	erence. Pl	ease include two professional references
and one persona	al reference.			
Name	Phone, Email	Compa	ny	Years Acquainted

PLEASE READ CAREFULLY BEFORE SIGNING

The Office Boutique, LLC (dba The Kindship) is an equal opportunity employer. The Office Boutique, LLC does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Office Boutique, LLC to hire me. If I am hired, I understand that either The Office Boutique, LLC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of The Office Boutique, LLC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The Office Boutique, LLC true and complete information on this application. No requested information has been concealed. I authorize The Office Boutique, LLC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal

Data	Cianatura
Date	 Signature

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.