



APPLICATION FOR EMPLOYMENT

Last Name _____ First Name _____
Date / / Referred by: _____

JOB INFORMATION

Position Desired _____ \$ _____
Current Wage or Salary / /
 Part Time Summer Full Time Date you can start _____
Can you work: M T W TH F Weekdays M T W TH F Weeknights SA SU Weekends
Please list dates unavailable to work _____

PERSONAL INFORMATION

Address _____ City _____ State _____ Zip _____
() - () -
Home Phone _____ Cell Phone _____
/ /
Social Security Number _____ Age (Required by the Delaware Alcoholic Beverage Control Commission and Delaware Labor Laws)
Are you legally employable in the U.S.A.? Yes No
If you are not a U.S. citizen, please indicate the type of visa you hold.
Have you ever been convicted of a criminal offense: Yes No
If yes, please give details. (A positive response does not necessarily mean that you will not be considered for employment.)
Have you ever been educated or employed under another name? If so, please provide.
Have you previously been employed by Elizabeths? If so, where and when?

EDUCATION

High School _____ Years Attended _____ Did you graduate? Yes No
College _____ Years Attended _____ Did you graduate? Yes No
Graduate School _____ Years Attended _____ Did you graduate? Yes No
Are there any other training, skills, hobbies or activities that would further qualify you for the job you are seeking?



APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY Please give as complete an employment record as possible, starting with your present or last employer.

Company Name	Type of Business	/ /	/ /	
		Starting Date	Leaving Date	() -
Address	City	State	Zip Code	Phone Number
Supervisors Name	Reason for Leaving			Position Held
\$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary				
Describe Work & Responsibilities				

Company Name	Type of Business	/ /	/ /	
		Starting Date	Leaving Date	() -
Address	City	State	Zip Code	Phone Number
Supervisors Name	Reason for Leaving			Position Held
\$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary				
Describe Work & Responsibilities				

Company Name	Type of Business	/ /	/ /	
		Starting Date	Leaving Date	() -
Address	City	State	Zip Code	Phone Number
Supervisors Name	Reason for Leaving			Position Held
\$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary				
Describe Work & Responsibilities				

I hereby give permission to Elizabeths, Inc. to obtain information concerning my past record from previous employers and other sources and I release those entities from liability in providing such information to Elizabeths, Inc.

I understand and agree that any employment relationship with Elizabeths, Inc. is of an "at will" nature, which means that I may resign at any time and Elizabeths, Inc. may terminate my employment at any time, with or without cause, and that this "at will" relationship may not be changed by any written document or by conduct. I also understand and agree that my employment is for no definite period, regardless of the date of payment of my wages or salary. **I understand that misrepresentation or omission of facts in this application or in the application process is cause for dismissal.**

Signature of Applicant _____