

On Deck Clothing Company, Inc.
An Equal Opportunity Employer
Phone: (920) 868-9091 ext 223 Fax: 920-868-2660

Employment Application

Today's Date: _____ Date Available for Employment: _____

Position for which you are applying: _____

For which locations are you available: Fish Creek _____ Sister Bay _____ Sturgeon Bay _____

Are you willing to work at multiple store locations? Yes _____ No _____

If "Yes" what other stores _____

How did you hear about the position or job opening: _____

Availability

When are you available? From (Mo/Yr) _____ To (Mo/Yr) _____ Fulltime _____ Part-time _____

Number of hours or shifts desired per week? _____

List any hours from 8AM to 10PM you are not available: _____

We may check with employment, education and other references, so please be accurate.

Personal Data

Name: _____
(last) (first) (middle)

Home Address: _____
(street) (city) (state) (zip)

Telephone numbers: home _____ cell _____

Door County Address: _____
(street) (city) (state) (zip)

Door County Telephone number: home _____

Email: _____ (REQUIRED)

Education

High School _____ Location: _____ Graduated? Yes _____ No _____

College/University: _____ Graduated? Yes _____ No _____ Degree(s): _____

Other (specify type): _____ Graduated? Yes _____ No _____ Degree(s): _____

What other education, training or experience have you had that will enable you to perform the job for which you have applied? _____

Work History

Please provide a complete employment history, listing all positions held, starting with the most recent and including military, part-time, summer/seasonal and volunteer. Use additional sheets if necessary.

1. Company Name: _____
Address: _____
Telephone: _____
Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____
Salary _____ Average Hours per week: _____

Name/Title of your supervisor: _____
Job Titles and Responsibilities: _____
Reason for leaving: _____

2. Company Name: _____
Address: _____
Telephone: _____
Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____
Salary _____ Average Hours per week: _____
Name/Title of your supervisor: _____
Job Titles and Responsibilities: _____
Reason for leaving: _____

3. Company Name: _____
Address: _____
Telephone: _____
Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____
Salary _____ Average Hours per week: _____
Name/Title of your supervisor: _____
Job Titles and Responsibilities: _____
Reason for leaving: _____

General Information

Are you at least 18 years old? Yes ____ No ____

Under the Immigration Reform and Control Act of 1986, On Deck Clothing Company is required to verify employment eligibility. If employed, can you provide employment eligibility documents? Yes ____ No ____

Are you unable to perform any of the duties of the job for which you are applying? Yes ____ No ____
If "Yes", what are the duties you cannot perform? _____

Have you previously applied for employment at On Deck Clothing Company? Yes ____ No ____ If "Yes", when? _____

Have you ever been an employee at On Deck Clothing Company? Yes ____ No ____

If yes, position: _____ From _____ To _____ Supervisor _____

Reason for leaving? _____

Note: This application will expire 30 days from today's date. If you wish to be considered for a position after that time, you may be required to submit a new application. In completing this application for employment, you may exclude information that indicates race, color, religion, gender, national origin, disability or marital status.

I certify that I have read this form in its entirety and that the information I have provided is true, accurate and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading or erroneous, it may result in the rejection of my application or in my discharge if I am employed regardless of when the false, misleading or erroneous information is discovered.

I further understand and agree that this application is not a contract of employment and that any individual hired by On Deck Clothing Company may voluntarily leave his or her employment or may be terminated by On Deck Clothing Company at any time for any reason. I understand that, other than a written agreement signed by the owner of On Deck Clothing Company, any oral or written statements to the contrary are not valid, are expressly disavowed and should not be relied upon by any prospective or existing employee.

Signature _____ **Date:** _____

I give On Deck Clothing Company permission to check references and verify information provided in this employment application.

Signature _____ **Date:** _____