



EMPLOYMENT APPLICATION

General Information

Please complete the following information. Applicants who do not complete all requested information in this application will not be considered for employment. Use ink and print.

Name (Last)			(First)			(Middle)		
Street Address				City		State		Zip
Home Telephone			Work Telephone			Cell Phone		
Have you ever worked for our company before? State where, when, final position, and reason for leaving:								
Have you ever applied to our company before? If yes, where?					Referred by:			
Position Desired			Minimum Salary Desired			Date Available For Work		
Full Time <input type="checkbox"/> 30-40 Hours Part Time <input type="checkbox"/> 0-29 Hours Seasonal <input type="checkbox"/> Holiday/Summer			Do you have any relatives, roommates, or friends employed by our company? <small>If yes, identify by name(s), position and location.</small>					
Please indicate the hours you are available to work during both day and evening. (Example: 2-4 p.m. 6-10 p.m.)								*NOTE: Should your availability change, it is your responsibility to notify your supervisor.
SUN	MON	TUES	WED	THURS	FRI	SAT		
Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO								
Have you ever had your license or driving privileges revoked, suspended, or placed on probation? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If yes, please explain (include when, where, and what action was taken).</small>								
Have you ever been dismissed or asked to resign from any employment? If yes, please explain:								<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever received any written reprimands or disciplinary actions during any previous employment? <small>If yes, when and explain:</small>								<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been a defendant in a civil action for intentional tort(s) (e.g. assault, battery, intentional infliction of emotional distress), or an unlawful employment practice (e.g. sexual or racial harassment)? <small>If yes, give details (date, place, disposition):</small>								<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever failed or refused to take a drug test requested by any prior employer or prospective employer? <small>If yes, when and explain:</small>								<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of, or pled guilty, no contest or <i>nolo contendere</i> to a crime or theft-related misdemeanor? <small>If yes, give details (date, place, offense(s), dispositions, etc.):</small>								<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been charged with a crime and either been placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program? If yes, give details (date, place, offense(s), disposition, etc.):								<input type="checkbox"/> YES <input type="checkbox"/> NO
Why are you interested in working for our company?								
What strengths would you bring to our company?								
What didn't you like about your previous job?								

EMPLOYMENT APPLICATION CERTIFICATION

PLEASE READ CAREFULLY:

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete, or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the Company or independent contractor to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Company all facts, opinions, and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Company, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer may be conditioned upon satisfactory results of a background investigation and/or Company medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety-(90) day probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the Company or myself. I understand that no supervisor or other representative of Body Central, other than the President, 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.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the Company to submit to a urinalysis or other drug screen test, and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE WITH THE ABOVE.

Signature Date:

Education and Training

Please Print Name, City, & State For Each School	Degree
College	Type of Course / Major
High School	
Additional Training	

Work Experience

List Your Previous Experience Beginning With Your Most Recent Position: (Explain Any Gaps in Your Employment History)											
Employer	Starting Position	Duties	Final Salary/Pay Rate	Dates of Employment	Start:	Year	Month	Year	End:	Month	Year
Address	Last Position	Reason for Leaving									
Phone	City	State	Zip	Title	Supervisor						
Employer	Starting Position	Duties	Final Salary/Pay Rate	Dates of Employment	Start:	Year	Month	Year	End:	Month	Year
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Address	Last Position	Reason for Leaving									
Phone	City	State	Zip	Title	Supervisor						

Job References (If this is your first job, list someone who knows you well. For example: a teacher)

Reference Not Related To You	Reference Not Related To You
Address	Address
Phone	Phone
City	City
State	State
Zip	Zip
Job Title	Job Title

Eligibility to Work

Are you legally authorized to work in the United States? YES NO

Are you at least 18 years old? YES NO