## **Application for Employment**

## ABIDE A WHILE

GARDEN BOUTIQUE Today's Date Your Personal Information Middle Address State Zip Code Home Telephone Cellular Telephone E-Mail Address ☐ Home Telephone ☐ Cell Phone **Preferred Method of Contact:** ☐ E-Mail □ Other \_\_\_\_\_ **Your Emergency Contact** In Case of an Emergency, I Authorize You to Contact: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

ALL QUESTIONS MUST BE ANSWERED
STATE "N/A" IF QUESTION IS NOT APPLICABLE

## ABIDE A WHILE IS AN EQUAL OPPORTUNITY EMPLOYER

Applications are received and employees are hired without regard to race, sex (including pregnancy, sexual orientation, gender expression, and gender identity), national origin, color, religion, age, disability, genetic information, veteran's status, citizenship status, or any other protected classes under state, local, or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

Your safety and the safety of your fellow workers and our customers is of utmost importance to ABIDE A WHILE. It is neither beneficial to you nor to us to place you in a job where you have higher risk of injury because of a mental or physical condition. As an Equal Opportunity Employer, we consider applicants for employment regardless of their disabilities; however, in addition to our own requirement, the Americans with Disabilities Act also requires us to make certain that each employee is capable of performing the essential functions of the job. Therefore, you must be honest with us in regard to your personal evaluation as to your abilities to perform the essential functions, as described to you by a company representative and/or in the job description.

## THIS IS A DRUG-FREE WORKPLACE

Abide A While Garden Boutique
1460 Highway 17 North • Mount Pleasant, SC 29464 • (843) 884-9738 • www.abideawhile.com

What position are you applying for?						
What is your salary expectation? \$ When can you start work? (Date)						
How were you referred to us?						
(If you were referred by a person, please provide the name)  Have you completed an application here before?   Yes  No If yes, date/location						
Have you been employed here before?   Yes  No If yes, date/location						
<u> </u>						
Are there any days or times during the week that you are not available to work?   (Reasonable accommodation of religious needs that do not create an undue hardship will be considered, if applicable)						
If yes, please list the days/times you are not available to work						
If necessary, can you provide proof that you are over any minimum work age requirement?   Yes  No						
Are you willing to work overtime?						
Can you travel, if required?  Yes No What percentage of time?						
Are you on a layoff and subject to recall?						
How much time have you lost from work during the past 12 months?						
Are you now, or do you expect to be, engaged in any other business or employment while working here?						
If yes, please explain						
Are you presently an officer, employee, or employer of another business in our industry or with whom we compete? $\ \square$ Yes $\ \square$ No						
If yes, please explain						
Are you currently subject to a Non-Compete Agreement or Restrictive Covenant that would prohibit you from working at our company in the position for which you are applying?						
If yes, provide a copy of the agreement and state the name of the company:						
Have you ever been terminated or asked to resign from a job? ☐ Yes ☐ No						
If yes, please explain						
Why do you desire to make a change?						
Are you legally eligible to work in the United States?   Yes No (Proof of citizenship status/identity required upon hire)						
What three things are most important to you in a job? (1) (2) (3)						
What three adjectives best describe you? (1) (2) (3)						
What type of work do you most enjoy?						
Why do you want to work here?						
Tell Us About Your Special Skills and Qualifications						
List any special skills, training, experience, certifications, or licenses that may be relevant to this position or our company						
List any professional, trade, business, or civic activities or offices held that would relate to working here						
List any foreign languages that you fluently speak, read, and/or write that would relate to working here						
List software programs that you are proficient in						

Your Educational Background							
Schooling		Did You Gra	aduate?	Years Completed	Degree Received and Major Subject	Name of School	Location
High School or GED		□ Yes [	□ No				
Trade, Business, Correspondence		□ Yes [	□ No				
College		□ Yes [	□ No				
Graduate Schoo	ol	☐ Yes [	□ No				
Tell Us About Yo	our Dr	iving Reco	ord (Nece	ssary for positions that ma	y require use of a personal o	r company vehicle for wo	rk)
Do you hold a valid and	d unexpir	ed driver's lic	ense that	is not currently suspe	nded or revoked?	☐ Yes ☐ No	
If yes, provide the state	e						
Have you been convict	ted of any	/ moving viola	ation(s) in f	the last 5 years?	☐ Yes ☐ No		
If yes, give date(s) and	d explanat	tion of each _					
Tell Us About A	ny Red	cords					
			contance	for plad pala content	dora (no contest) to he	on placed on probati	on or fined
by any judicial or quasi					dere (no contest) to, beoplation?	3N piaceu on probam	on, or ninea
<b>NOTE:</b> Answering "yes" to this question is not an automatic bar to employment. Arrest records and juvenile, sealed, and expunged records should not be disclosed. Any other criminal record not disclosed by you may be considered falsification of this application, which may result in revocation of your employment offer or termination of your employment. Also, in accordance with any state or federal regulations, you may be required to provide copies of any criminal records.							
Your Military Service							
Branch of Service			Ran	k at discharge, if appl	icable	Dates of Service	
						From: T	Го:
List Duties and Special Training and/or Skills							
	_						

Tell Us About Y	our Experience wi	th Abide A While				
Have you ever been a	customer of ours?  \( \simeg \) \( \text{Y} \)	es □ No If yes, what pro	oducts did you purchas	e?		
What has been your e	xperience with Abide A W	hile?				
Tell Us About Y	our Past (Answering "yes	s" to any of these questions is no	t an automatic bar to emplo	yment.)		
	disciplined or terminated for			discrimination, ethical breach, violation		
☐ Yes ☐ No	If yes, explain the circumstances, employer, and date					
Have you ever had an	v license or cartification su	uspanded or revoked? (o.g.	driver's license, real estate li	icense, CPH, APH, CH, PHR, CPA, ASE, etc.)		
☐ Yes ☐ No				when and why the license or		
	certification was suspend	ed or revoked.				
Your Work Hist	ory and Any Empl	oyment Gaps (Must b	pe completed even when accomp	anied by resume)		
		gaps in employment, with a full e <b>k history, request additional wo</b>		gap. You must also provide a <u>complete</u>		
Employer		Dates Er	mployed	Summary of Work Performed		
		From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities		
Address (City, State, 2	ζiρ)					
		Phone (Include Area Code)				
Job Title			Weekly Salary, ekly Earnings			
		Starting	Final			
State Reason				Supervisor's Name		
Resigned	Terminated □					
Employer		Dates Er	mployed	Summary of Work Performed		
		From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities		
Address (City, State, 2	ζiρ)					
		Phone (Include Area Code)				
Job Title			Weekly Salary,	Ī		
		or Other Weekly Earnings Starting Final		t e		
State Reason	-			Supervisor's Name		
Resigned    OR	Terminated					

Employer	Dates E	mployed	Summary of Work Performed	
	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities	
Address (City, State, Zip)				
	Phone (Include Area Code)			
Job Title		Weekly Salary, ekly Earnings		
	Starting	Final		
State Reason			Supervisor's Name	
Resigned ☐ OR Terminated ☐				
Employer	Dates E	mployed	Currence of Mark Darfarmed	
	From (Mo/Yr)	To (Mo/Yr)	Summary of Work Performed and Job Responsibilities	
Address (City, State, Zip)				
	Phone (Include Area Code)			
Job Title		Weekly Salary, ekly Earnings		
	Starting	Final		
State Reason			Supervisor's Name	
Resigned ☐ OR Terminated ☐				
Employer	Dates Employed		Summary of Work Performed	
	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities	
Address (City, State, Zip)				
	Phone (Include Area Code)			
Job Title	Hourly Rate,	Weekly Salary,		
		ekly Earnings		
State Reason	Starting	Final	Supervisor's Name	
State Reason			Supervisor's Name	
Resigned  OR Terminated  Employer	Dates Employed			
, ,	From (Mo/Yr)	To (Mo/Yr)	Summary of Work Performed and Job Responsibilities	
Address (City, State, Zip)	Trem (me, m,	10 (		
	Phone (Include Area Code)			
Job Title	or Other We	Weekly Salary, ekly Earnings		
State Reason	Starting	Final	Suponvisor's Namo	
State Reason			Supervisor's Name	
Resigned ☐ OR Terminated ☐				

Employer	Dates F	Employed	Cummany of Work Darformed	
	From (Mo/Yr)	To (Mo/Yr)	Summary of Work Performed and Job Responsibilities	
Address (City, State, Zip)	, ,	, ,		
	Phone			
	(Include Area Code)			
Job Title		Weekly Salary, ekly Earnings		
	Starting Final			
State Reason			Supervisor's Name	
Resigned OR Terminated				
Employer	Dates Employed		Summary of Work Performed and Job Responsibilities	
Address (City, State, Zip)	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities	
Address (City, State, Zip)				
	Phone (Include Area Code)			
Job Title	, ,	Weekly Salary,		
	or Other Weekly Earnings			
State Reason	Starting	Final	Supervisor's Name	
Glate Neason			Supervisor's Mairie	
Resigned ☐ OR Terminated ☐				
Agreement and Release				
For the purpose of this agreement and release, A				
The facts set forth above in my application for einformation on this application (even if discovere employment. If required, I agree to take a pe processes. I also agree to submit to any drug or	d after employment) or a rsonality profile and to	any other employment forn take, participate in, or su	n may lead to dismissal or denial of	
In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. I also acknowledge that the company may conduct a search for information about me that is in the public domain, including, but not limited to, information on social networking sites. In exchange for the consideration of my employment application by ABIDE A WHILE, I hereby release and forever discharge ABIDE A WHILE (including its directors, officers, employees, and agents) and my past and/or present employers (including their directors, officers, employees, and agents) from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record.				
I understand that if my application is accepted and I am hired, employment at ABIDE A WHILE is "employment at will." It is further understood that this at-will relationship may not be changed by any written document, verbal statements, or by conduct unless an authorized executive of ABIDE A WHILE specifically acknowledges such change. I further understand that my at-will employment may be terminated at any time by me or by ABIDE A WHILE and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first 90 days of employment is a new-hire introductory period. Submission of this application does not imply that I will be hired.				
I have read, understand, and by my signature co	nsent to these statement	S.		
Signature of Applicant			Date	

State and/or federal regulations are subject to change at any time; therefore, the questions on this form are subject to exceptions and qualifications. The author does not bear responsibility for ensuring this form is up to date and compliant with state, federal, or local employment regulations. If in doubt, seek assistance from a qualified expert.

Also, the author is not responsible for any unauthorized changes or omissions to the form.

Revised March 3, 2016