



STORE #

AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT

GENERAL

PLEASE PRINT

DATE: _____

NAME: _____ SOCIAL SECURITY NO. _____ / _____ / _____
FIRST MIDDLE LAST

PRESENT ADDRESS: _____
(if less than 2 years at current address)
STREET CITY STATE ZIP

PREVIOUS ADDRESS: _____
STREET CITY STATE ZIP

ARE YOU OVER THE AGE OF 18? _____ DO YOU HAVE A VALID DRIVER'S LICENSE? _____ PHONE # _____

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? YES NO (Proof of identity and legal authority to work in the U.S. is a condition of employment.)

ARE YOU NOW OR DO YOU EXPECT TO BE ENGAGED IN ANY OTHER BUSINESS? _____

IF YES, EXPLAIN _____

HOW WERE YOU REFERRED TO THE ADULT SHOP OR EVA'S BOUTIQUE? _____ DATE AVAILABLE FOR EMPLOYMENT _____

OTHER EDUCATION OR TRAINING _____

WORK SCHEDULE AVAILABILITY

AVAILABLE ANYTIME? YES NO

WHAT SHIFTS/HOURS ARE YOU AVAILABLE TO WORK?

SHIFT	MON	TUE	WED	THU	FRI	SAT	SUN
AM	to	to	to	to	to	to	to
PM	to	to	to	to	to	to	to

ARE YOU WILLING TO WORK HOLIDAYS / WEEKENDS? YES NO

ARE YOU WILLING TO RELOCATE IN OREGON? _____

AVAILABLE FOR FULL TIME _____ PART TIME _____

EDUCATION

Type of School	Name of School	Location of School	Courses Majored In	Last Year Completed		
High School				9 10 11 12	Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade Avg.
College/Other				1 2 3 4	Degree Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade Avg.

STARTING WITH MOST RECENT EMPLOYER LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS INCLUDING ANY PERIODS OF SELF-EMPLOYMENT LONGER THAN ONE MONTH. USE A SECOND SHEET IF NECESSARY.

EMPLOYMENT

Employer		Dates Employed	
Work Phone	Hours Per Week		
Address			
City		State	Zip
Position	Type of Business		
Duties Performed			
Supervisors Name and Title		May we contact them? Yes No	
Reason for Leaving			

Employer		Dates Employed	
Work Phone	Hours Per Week		
Address			
City		State	Zip
Position	Type of Business		
Duties Performed			
Supervisors Name and Title		May we contact them? Yes No	
Reason for Leaving			

Employer		Dates Employed	
Work Phone	Hours Per Week		
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Employer		Dates Employed	
Work Phone	Hours Per Week		
Address			
City		State	Zip
Position	Type of Business		
Duties Performed			
Supervisors Name and Title		May we contact them? Yes No	
Reason for Leaving			

HAVE YOU EVER VISITED AN ADULT SHOP OR EVA'S BOUTIQUE LOCATION? WHERE? DESCRIBE YOUR EXPERIENCE: _____

WHAT DO YOU LIKE ABOUT THE ADULT INDUSTRY? _____

WHY WOULD YOU LIKE TO WORK FOR THE ADULT SHOP OR EVA'S BOUTIQUE? _____

DESCRIBE A SPECIFIC SITUATION WHERE YOU HAVE PROVIDED EXCELLENT CUSTOMER SERVICE IN YOUR MOST RECENT POSITION. WHY WAS THIS EFFECTIVE? _____

NO APPLICANT WILL BE ASKED TO REVEAL ANY CRIMINAL CONVICTIONS AS PART OF THE INITIAL APPLICATION PROCESS. HOWEVER, EMPLOYMENT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A PRE-EMPLOYMENT CRIMINAL BACKGROUND CHECK.

Read carefully before signing

Applicant Certification and Agreement

I understand that I am subject to drug and/or alcohol screening before and/or during employment. I hereby certify that all information in this application form is true and correct and that any misrepresentation or omission of facts is cause for dismissal. I authorize the references listed to provide any and all information concerning my previous employment and other pertinent information that they may have. Further, I release all parties and persons from any and all liabilities for damages that may result from furnishing such information to the Company as well as from the use of disclosure of such information by the Company or its agents or representatives. I also understand that my continued employment is contingent on the Company's receipt or satisfactory proof of applicant's identity and legal authority to work in the US and of satisfactory response to reference checks, criminal background checks and other relevant information.

Furthermore, I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of wages, be terminated without previous notice. I understand this is not a contract between the Company and me.

Signature _____ Date _____