



Application For Employment

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

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|--|--------------------|
| Please print clearly and fill out all sections. | <i>Date:</i> _____ |
| <i>Position(s) Applied For:</i> | |
| <input type="checkbox"/> Sales Associate <input type="checkbox"/> Management <input type="checkbox"/> Stockroom <input type="checkbox"/> Merchandising <input type="checkbox"/> Internship (_____) | |
| <i>How Did You Learn About Us?</i> | |
| <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in <input type="checkbox"/> Internet <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other (_____) | |

| | | | |
|----------------------------|----------------------|-------------------------------|-----------------|
| <i>Last Name</i> | <i>First Name</i> | <i>Middle Name</i> | |
| <i>Address</i> | <i>City</i> | <i>State</i> | <i>Zip code</i> |
| <i>Telephone Number(s)</i> | <i>Email Address</i> | <i>Social Security Number</i> | |

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed application with us before? If yes, give date _____ Yes No

Have you ever been employed with us before? If yes, give date _____ Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to start work? _____

Select Availability: Seasonal* Year Round

Full Time (35-40 hrs/wk) Part Time (20-30 hrs/wk)

Kitty Hawk Duck Corolla

*If seasonal, when would be the last day you are available to work? _____

Gray's is a drug and alcohol free workplace. All employees are required to adhere to Gray's drug, alcohol, and smoking policy. Are you willing to undergo a pre-employment drug test as well as random testing throughout employment? Yes No

| <u>Education</u> | Name and Location | Course of Study | Years Completed | Diploma/Degree |
|-------------------------|--------------------------|------------------------|------------------------|-----------------------|
| High School | | | | |
| College | | | | |
| Other (Specify) | | | | |

| Indicate any foreign languages you can speak, read and/or write. | | | |
|---|---------------|-------------|-------------|
| | Fluent | Good | Fair |
| Speak | | | |
| Read | | | |
| Write | | | |

List any specialized training, skills, extra curricular activities, and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

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Summarize any customer service and sales experience you have.

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State any additional information you feel may be helpful to us in considering your application.

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Employment Experience

Start with your present or last job. Include any *job-related* military service assignments and volunteer activities. You may exclude organizations which indicate race, religion, gender, national origin, disabilities or other protected status.

| Employer | | Dates Employed | | Work Performed |
|---------------------|------------|------------------------|-------|----------------|
| Address | | From | To | |
| | | | | |
| Telephone Number(s) | | Hourly Rate/ Salary | | |
| Job Title | Supervisor | Starting | Final | |
| Reason for Leaving | | | | |

| Employer | | Dates Employed | | Work Performed |
|---------------------|------------|------------------------|-------|----------------|
| Address | | From | To | |
| | | | | |
| Telephone Number(s) | | Hourly Rate/ Salary | | |
| Job Title | Supervisor | Starting | Final | |
| Reason for Leaving | | | | |

| Employer | | Dates Employed | | Work Performed |
|---------------------|------------|------------------------|-------|----------------|
| Address | | From | To | |
| | | | | |
| Telephone Number(s) | | Hourly Rate/ Salary | | |
| Job Title | Supervisor | Starting | Final | |
| Reason for Leaving | | | | |

| Employer | | Dates Employed | | Work Performed |
|---------------------|------------|------------------------|-------|----------------|
| Address | | From | To | |
| | | | | |
| Telephone Number(s) | | Hourly Rate/ Salary | | |
| Job Title | Supervisor | Starting | Final | |
| Reason for Leaving | | | | |

References

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|--|----------------------|
| 1. Name: | Relationship To You: |
| Contact information (telephone number, email address, etc.): | |
| 2. Name: | Relationship To You: |
| Contact information (telephone number, email address, etc.): | |
| 3. Name: | Relationship To You: |
| Contact information (telephone number, email address, etc.): | |

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge with no missing information.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive organization.

In the even of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Please Return To:

Gray's Family Department Store, Inc.

Attn: Employment Application

P.O. Box 1097

Kitty Hawk, NC 27949

Email: info@grays-sportswear.com

Fax: (252) 261-1792