

Please Print



Application For Employment

(AN EQUAL OPPORTUNITY EMPLOYER)

DIVISION
APPLYING CLAIRES ICING BY CLAIRE'S
WITH:

Claire's Stores, Inc. and Subsidiaries is an Equal Employment Opportunity Employer. Qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, and disability. All questions must be answered and application signed.

| | |
|---|-----------------|
| TODAY'S DATE | |
| POSITION APPLIED FOR | LOCATION |
| <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL | |
| DATE AVAILABLE | HOURS AVAILABLE |
| SALARY DESIRED | |
| \$ | |

| | | | |
|----------------|---------|----------|---------------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | HOME PHONE |
| STREET ADDRESS | | | WORK PHONE |
| CITY | STATE | ZIP | SOCIAL SECURITY NO. |

| | | | | |
|--|---|--|-------------------------|-------------------|
| ONLY TO BE COMPLETED FOR POSITION REQUIRING DRIVING | DRIVER'S LICENSE NO. | RESTRICTIONS (CODE NO) | LICENSE EXPIRATION DATE | STATE OF ISSUANCE |
| NO. OF MOVING VIOLATIONS OR ACCIDENTS WITHIN LAST 3 YRS. | HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, GIVE DETAILS INCLUDING WHEN, WHERE AND FOR WHAT REASON | | |

| | | | | |
|-----------------|---|--|----------------------------|-----------------------------|
| PERSONAL | IF YOU ARE UNDER AGE 18, CAN YOU PROVIDE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO | WERE YOU EVER CONVICTED OF A CRIME <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, EXPLAIN CONVICTION | |
| | DID YOU SERVE IN THE MILITARY <input type="checkbox"/> YES <input type="checkbox"/> NO | BRANCH OF SERVICE | RANK | PRIMARY MILITARY OCCUPATION |
| | WERE YOU EVER EMPLOYED OR UNDER CONTRACT TO CLAIRES STORES, INC. AND SUBSIDIARIES? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHERE | | FROM (DATES) TO |
| | LIST THE NAMES OF RELATIVES, FRIENDS OR ACQUAINTANCES WORKING FOR THE COMPANY (NAME) | | | WHERE EMPLOYED |
| | RELATIONSHIP | | | |
| | WHAT PROMPTED YOUR APPLICATION (✓ ONE) <input type="checkbox"/> OWN ACCORD <input type="checkbox"/> EMPLOYEE (NAME OF EMPLOYEE) <input type="checkbox"/> AGENCY (NAME OF AGENCY) <input type="checkbox"/> AD (NAME OF NEWSPAPER) <input type="checkbox"/> OTHER (EXPLAIN) _____ | | | |

| | | | | | | | | | | | | | |
|------------------|----------------------|--|---|---|---|--|---|---|---|--|---|---|---|
| EDUCATION | | HIGH SCHOOL | | | | COLLEGE | | | | OTHER | | | |
| | NAME AND ADDRESS | | | | | | | | | | | | |
| | YEARS COMPLETED | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| | DID YOU GRADUATE | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | DEGREE (PLEASE LIST) | | | | | | | | | | | | |

PLEASE LOOK OVER YOUR APPLICATION AND SEE THAT YOU HAVE ANSWERED EVERY ITEM. PLEASE READ THE FOLLOWING CAREFULLY.

APPLICATION RELEASE

I certify that the information contained in this application, resume, or any supplement thereto, is correct and complete to the best of my knowledge. I authorize the references listed herein to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result in furnishing said information to you. I further understand said background check may also involve the Company's obtaining an investigative consumer report on me which may cover such areas as my character, general reputation, police, credit, driving record, and mode of living. I hereby authorize the company, if they wish, to make such an inquiry. I understand that false, incomplete or misleading information given in my application or during interviews may result in a refusal to hire or discharge in the event of employment

I understand and agree that if hired, my employment is at will. I also understand that if I am hired, my employment is for no definite period of time. I may terminate my employment at any time and I may be dismissed at any time without prior notice. I further understand and agree that nothing in this application shall constitute a contract or a guarantee of employment.

I also understand that as a condition of employment, I may be required to submit to a substance abuse test as required by the company. In consideration of my employment, I agree to conform to any policies and procedures implemented by the company. These policies and procedures are for purposes of operations only and are not intended to constitute a contract of employment. In addition, I understand that any of these policies or procedures may be changed at any time at the company's discretion without notice.

This application for employment shall remain active for a period of 3 months commencing the date of this application.

| | |
|----------------------|------|
| APPLICANTS SIGNATURE | DATE |
|----------------------|------|

EMPLOYMENT HISTORY (PLEASE LIST MOST RECENT EMPLOYER FIRST.)

ARE WORK RECORDS UNDER ANOTHER NAME? IF SO, PLEASE LIST: _____

| | | | | |
|--------------------------------------|-------------------|-------------|-----------------------|--------------------------------|
| EMPLOYER NAME | | | PHONE: () | |
| ADDRESS: STREET | | CITY | | STATE ZIP |
| JOB TITLE | | | IMMEDIATE SUPERVISOR: | |
| FROM: mo. yr. | TO: mo. yr. | LAST SALARY | REASON FOR LEAVING | |
| / / | / / | | | |
| DESCRIBE POSITION & DUTIES: | | | | |
| | | | | |

| | | | | |
|--------------------------------------|-------------------|-------------|-----------------------|--------------------------------|
| EMPLOYER NAME | | | PHONE: () | |
| ADDRESS: STREET | | CITY | | STATE ZIP |
| JOB TITLE | | | IMMEDIATE SUPERVISOR: | |
| FROM: mo. yr. | TO: mo. yr. | LAST SALARY | REASON FOR LEAVING | |
| / / | / / | | | |
| DESCRIBE POSITION & DUTIES: | | | | |
| | | | | |

| | | | | |
|--------------------------------------|-------------------|-------------|-----------------------|--------------------------------|
| EMPLOYER NAME | | | PHONE: () | |
| ADDRESS: STREET | | CITY | | STATE ZIP |
| JOB TITLE | | | IMMEDIATE SUPERVISOR: | |
| FROM: mo. yr. | TO: mo. yr. | LAST SALARY | REASON FOR LEAVING | |
| / / | / / | | | |
| DESCRIBE POSITION & DUTIES: | | | | |
| | | | | |

| LIST OTHER EMPLOYERS | LOCATION | POSITION | DATE OF EMPLOYMENT |
|----------------------|----------|----------|--------------------|
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PLEASE LIST ANY FURTHER INFORMATION ON YOUR QUALIFICATIONS OR ACCOMPLISHMENTS WHICH YOU FEEL MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION.

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|------------------------------------|--|
| SPECIAL TRAINING AND SKILLS | |
| | |
| | |

ATTN: MASSACHUSETTS APPLICANTS
IT IS UNLAWFUL TO REQUIRE A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.

ATTN: MARYLAND APPLICANTS
UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND AS A CONDITION OF EMPLOYMENT, PERSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT THAT AN INDIVIDUAL SUBMIT OR TAKE A LIE DETECTOR TEST OR SIMILAR TEST.
AN EMPLOYER VIOLATING THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.