

EMPLOYMENT APPLICATION

EILEEN FISHER, Inc. does not discriminate in hiring or terms and conditions of employment because of an individual's race, creed, color, sex, age, sexual orientation, religion, handicap, marital status or national origin. EILEEN FISHER, Inc. only hires individuals authorized for employment in the United States.

____/____/____
Date of Application

EILEEN FISHER

Eileen Fisher Inc.
2 Bridge Street, Irvington NY 10533
Phone 914-591-5700 Fax 914-591-8900

Position Applying for: _____
[] Full time [] Temporary
Schedule Desired: [] Part time
Salary Desired: _____
Date Available: _____

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Are you a Citizen of the U.S.? [] Yes [] No
Present Street Address	City	State	Zip
Previous Street Address	City	State	Zip
Home Phone Number	Social Security Number	If you are under 18 years of age, state your age:	

EDUCATION AND TRAINING

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Attended	Graduated (Check One)
HIGH SCHOOL	Name			Yes No
	City State			<input type="checkbox"/> <input type="checkbox"/>
COLLEGE	Name			Yes No
	City State			<input type="checkbox"/> <input type="checkbox"/>
GRADUATE SCHOOL	Name			Yes No
	City State			<input type="checkbox"/> <input type="checkbox"/>
OTHER	Name			Yes No
	City State			<input type="checkbox"/> <input type="checkbox"/>

ACADEMIC AND PROFESSIONAL ACTIVITIES AND ACHIEVEMENTS

Indicate type or name of Academic and Professional Activities and Achievements, Awards, Publications or Technical-Professional Societies. Exclude organizations which indicate race, creed, color, sex, age, religion, handicap or national origin of its members.	Date Awarded

SPECIAL SKILLS

Typing Speed _____ wpm.	Shorthand or Speedwriting _____ wpm.	Other Equipment Operated:	Computer Skills:
Other Skills applicable to position applied for:			

PERSON TO CONTACT IN CASE OF EMERGENCY

This information is to facilitate contact in the event of an emergency and is not used in the selection process.

Name	Address	Phone	Relationship to you?
Place of Employment	Address	Phone	

EMPLOYMENT HISTORY

Are you employed now? Yes No If so, may we contact your present employer? Yes No

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. If you have less than four places of employment, include personal references to be contacted.

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST OF MAJOR DUTIES	WAGES	REASON FOR LEAVING
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address	Supervisor		Final	
	Phone				
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address	Supervisor		Final	
	Phone				
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address	Supervisor		Final	
	Phone				
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address	Supervisor		Final	
	Phone				

MISCELLANEOUS

Is there any additional information involving a change of your name or assumed name that will permit us to check your work record? Yes No
If yes, please explain.

Have you ever been employed by EILEEN FISHER, Inc. or any of its divisions or subsidiaries before? Yes No

When	Where	Position

List names of friends or relatives now employed by EILEEN FISHER, Inc.

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? (Conviction will not necessarily disqualify an applicant.) Yes No

Can you, after employment, submit a birth certificate or other proof of U.S. Citizenship? Yes No
If not a U.S. Citizen, can you, after employment, submit verification of your legal right to work permanently in the U.S. Yes No

Veteran of the U.S. Military Service? Yes No If yes give branch.

What brought you to this organization?
 Advertisement Employment Agency Friend / Relative Walk-In School Other (Please Specify)

Do you have any impairment that would prevent you from performing the activities involved in the job(s) for which you applied? Please explain.

If there are any jobs for which you do not want to be considered or duties you cannot perform because of physical, mental or medical disabilities, please explain.

PLEASE READ THIS STATEMENT CAREFULLY

I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification or omission will be grounds for immediate dismissal. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, personal characteristics, employment and education background, any criminal record, and mode of living, whichever may be applicable. I understand that this investigation may include and I hereby authorize the release of documents, and personal interviews with third parties, such as former employers, family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I further understand that I have the right to make a written request within reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation.

If I am hired, I agree that employment and compensation can be terminated with or without cause and without notice, at any time, at the option of EILEEN FISHER, Inc. or myself. I understand that only an authorized representative of EILEEN FISHER, Inc., and in writing, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I have read and affirm as my own the above statements.

Signature

Date