

Lucile's is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Lucile's complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Lucile's also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

LUCILE'S EMPLOYMENT APPLICATION

PLEASE PRINT			Today's date: _____	
_____ First Name	_____ M.I.	_____ Last Name	_____ Preferred Name/Nickname	
_____ Street Address	_____ Apartment #	_____ City	_____ State	_____ Zip Code
_____ Position applying for:		_____ Home Phone	_____ E-Mail Address	

1. Are willing to work in Longmont on occasion when needed? Y or N
2. Do you have reliable transportation? Y or N
3. Are you able to work 9 hours without a smoking break? Y or N
4. Do you have upcoming trips, vacations, or schedule restrictions? Y or N
5. Are you currently employed? Y or N

Where? _____

If so, will you need to give 2 weeks notice? Y or N

6. How long have you lived in Colorado? _____

Describe your long and short term goals: _____

Why do you want to work at Lucile's?:

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

IN THE LAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF OR HAVE YOU PLEADED GUILTY TO ANY FELONY OR MISDEMEANOR*? (Please exclude minor traffic offenses and convictions which have been sealed, impounded, erased, expunged, annulled or nolle)

Yes _____ No _____ If yes, please describe:

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States? Yes ____ No ____

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Lucile's will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

FROM /	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
MO. YR.	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO /	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
			\$	\$
MO. YR.	TELEPHONE NUMBER ()		TERMINATION	REASON
			<input type="checkbox"/> VOLUNTARY	
			<input type="checkbox"/> INVOLUNTARY	
BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

FROM /	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
MO. YR.	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO /	TYPE OF BUSINESS		STARTING PAY	FINAL PAY
			\$	\$
MO. YR.	TELEPHONE NUMBER ()		TERMINATION	REASON
			<input type="checkbox"/> VOLUNTARY	
			<input type="checkbox"/> INVOLUNTARY	
BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

--	--

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

References: I hereby authorize the company and its agents to make such investigations and inquires into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the

company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

SIGNED: _____

DATE: _____