

# EMPLOYMENT INFORMATION

**General Information.** Please complete all requested information. Use ink and print.

Location/Store #	Today's Date	Position Desired				
Name (Last)	(First)	(Middle)	Minimum Salary Desired		Date Available For Work	
Email Address			I am interested in: <input type="checkbox"/> <b>Full-time</b> 30-40 hrs. per week <input type="checkbox"/> <b>Part-time</b> 0-29 hrs. per week <input type="checkbox"/> <b>Seasonal</b> Holiday/Summer			
Street Address			Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No            If you are under 18, you may be required to provide a work permit prior to working. Are you at least 16 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			
City		State	Zip			
Telephone (Home)			Telephone (Cell)			
If you have worked for our company before (Gap, Banana Republic, Old Navy, Outlet, Factory Stores), state where, when, final position, and reason for leaving.  Have you ever applied to our company before? If yes, where?			Please indicate the hours you are available to work during both day and evening (i.e., 2-4 p.m., 6-10 p.m.)			
			<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>
			Note: Should your availability change, it is your responsibility to notify your supervisor			
			Do you have any relatives now employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify by name(s), position and location:			

**Work Experience.** List your previous experience, beginning with your current or most recent position.

Employer			Starting Position		Starting Salary
Street Address			City	State	Zip
Phone	Supervisor	Name/Title			
Reason For Leaving			Duties		
			Dates of Employment Start: Month                      Year                      End: Month                      Year		
Employer			Starting Position		Starting Salary
Street Address			City	State	Zip
Phone	Supervisor	Name/Title			
Reason For Leaving			Duties		
			Dates of Employment Start: Month                      Year                      End: Month                      Year		
Employer			Starting Position		Starting Salary
Street Address			City	State	Zip
Phone	Supervisor	Name/Title			
Reason For Leaving			Duties		
			Dates of Employment Start: Month                      Year                      End: Month                      Year		

**References.** Individuals not related to you. Business references preferred.

Reference		Street Address			City	State
Phone	Email	Job Title		How Acquainted and For How Long		
Reference		Street Address			City	State
Phone	Email	Job Title		How Acquainted and For How Long		
Reference		Street Address			City	State
Phone	Email	Job Title		How Acquainted and For How Long		

**Education & Training:** Please include name, street, city, state and zip code for each school.

School	Address (include city & state)	Number of Years Completed	Degree	Type of Course/Major
College				
High School				
Additional Training				
Foreign languages?		Spoken Fluently?		
For office positions, indicate the job skills which you have performed: <input type="checkbox"/> Typing _____WPM <input type="checkbox"/> 10-key <input type="checkbox"/> By Touch <input type="checkbox"/> By Sight (Circle One)				
Computer/Software				
Other				

**Additional Employment History Inquiries**

Have you ever been dismissed or forced to resign from any employment?  Yes  No  
 If yes, please explain:

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Have you been convicted of a felony crime or theft-related misdemeanor within the last 7 years that has not been expunged, sealed, impounded or annulled?  Yes  No  
(In Hawaii only; Do not answer this question. In California only; Do not answer yes if you were referred to or participated in a diversion program, or if your conviction was solely for a marijuana-related offense more than two years old.)

If yes, state details: Convictions will not necessarily disqualify applicant; each case is considered individually.

**Permission to Work**

Are you legally authorized to work in the United States?  Yes  No  
 Will you now or in the future require sponsorship for employment visa status (e.g., H1-B status)?  Yes  No

**Referral Source**

Walk-in Applicant  Newspaper Ad  Employee Referral (Name) \_\_\_\_\_

Community Organization (Name) \_\_\_\_\_  School/College \_\_\_\_\_

Website (Name) \_\_\_\_\_  Other (Please List) \_\_\_\_\_

**Additional Questions**

Why are you interested in working for our company?

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What strengths would you bring to our company?

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What didn't you like about your previous jobs?

**NOTICE TO APPLICANTS IN MARYLAND: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND THAT AN INDIVIDUAL TAKE A LIE DETECTOR OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

**NOTICE TO APPLICANTS IN MASSACHUSETTS: IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.**

**Applicant's Statement**

If I am employed, I agree to abide by the rules and regulations of the Company. I understand that my employment is at-will. This means that I do not have a contract of employment for any particular duration or limiting the grounds for my termination in any way. I am free to resign at any time. Similarly, Gap Inc. is free to terminate my employment at any time for any reason. I understand that while personnel policies, programs and procedures may exist and be changed from time to time, the only time my at-will status could be changed is if I were to enter into an express written contract with Gap Inc. explicitly promising me job security, containing the words "this is an express contract of employment" and signed by an officer of Gap Inc. The above language contains our entire agreement about my at-will status and supercedes any past, future, or oral side agreements.

All of the information I have supplied in this application is a true and complete statement of the facts, and if employed, any false statement or omission could result in immediate dismissal. I understand that Gap may share the information contained in this application with other Gap employees for employment and administrative purposes and hereby consent to such transfer. I authorize you to contact my references, as well as current and previous employers, to obtain information on my work history and qualifications for employment.

Signature

Date

This application will only be considered for three months. If you have not been hired within three months of filling out this application and you wish to continue to be considered for employment, you must fill out another application.