



# EMPLOYMENT HISTORY

(LIST IN ORDER, LAST OR PRESENT EMPLOYER ACCOUNT FOR LAST 5 YEARS)

<b>1</b>	PRESENT OR LAST EMPLOYER (PRINT)	ADDRESS NO AND STREET	CITY	STATE	ZIP
	GIVE NAME OF PERSON FOR WHOM YOU WORKED	TELEPHONE NO.	STARTING DATE / /	DATE LEFT / /	SALARY OR WAGES STARTING FINAL
	WHAT WERE YOUR SPECIFIC DUTIES		REASON FOR LEAVING		
<b>2</b>	NEXT PREVIOUS EMPLOYER (PRINT)	ADDRESS NO AND STREET	CITY	STATE	ZIP
	GIVE NAME OF PERSON FOR WHOM YOU WORKED	TELEPHONE NO.	STARTING DATE / /	DATE LEFT / /	SALARY OR WAGES STARTING FINAL
	WHAT WERE YOUR SPECIFIC DUTIES		REASON FOR LEAVING		
<b>3</b>	NEXT PREVIOUS EMPLOYER (PRINT)	ADDRESS NO AND STREET	CITY	STATE	ZIP
	GIVE NAME OF PERSON FOR WHOM YOU WORKED	TELEPHONE NO.	STARTING DATE / /	DATE LEFT / /	SALARY OR WAGES STARTING FINAL
	WHAT WERE YOUR SPECIFIC DUTIES		REASON FOR LEAVING		

MY PRESENT EMPLOYER  MAY  MAY NOT BE CONTACTED. (CHECK THE APPROPRIATE RESPONSE)

I UNDERSTAND that any misstatements or omissions in this application will result in a decision not to hire me, or to discharge me if discovered only after I am hired. As a condition of employment, we reserve the right to conduct a background check on employees. Conviction of felonies within the last 10 years may result in a decision not to hire or immediate discharge after hiring.

I UNDERSTAND further that all statements made by me in connection with my application for employment may be checked by SAILORMEN INC. I authorize SAILORMEN INC. to contact my current and prior employers, regarding my background, and I hereby authorize and direct each such employer and source of information to answer any and all questions regarding my prior employment and background. I hereby indemnify SAILORMEN INC., each of my prior employers and each of the other sources of information contacted, and agree to hold them harmless from any claims arising from this authorization and direction.

I UNDERSTAND that SAILORMEN, INC. is an "at-will" employer, meaning that my employment has no specified term and that the employment relationship may be terminated at any time at the will of either party with or without notice to the other. I understand that no store manager or representative of the Company, other than the President or Chairman of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also realize that SAILORMEN, Inc. is opting to provide me with corrective action measures at any time, solely at its own discretion, and that the use of progressive discipline will not change my "at-will" employment status.

IF EMPLOYED, I agree to conform to the rules and regulations of SAILORMEN INC. I understand that as a condition of my employment and continued employment, I (will/may) be required to submit to, and to voluntarily agree to submit to any testing for the presence of drugs or alcohol, and to submit to any procedure to assess my qualifications for employment. Violation of Company policies and rules may warrant disciplinary action. Forms of discipline that the Company may elect to use include oral corrections, written warnings, final written warnings and/or suspensions. The system is not formal; and the Company may, at its sole and absolute discretion, deviate from any order of progressive disciplinary actions and utilize whatever form of discipline is deemed appropriate under the circumstances, up to and including termination of employment.

I hereby represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWERS REMARKS

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MANAGERS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_