

Clothing • Shoes • Accessories

This application will remain current for a period of 30 days

Please complete this application in your own handwriting, and answer or acknowledge every question

EMPLOYMENT APPLICATION

- An Equal Opportunity Employer -

"Prospective employees will receive consideration without discrimination because of race, color, creed, sex, marital status, age, national origin or ancestry, physical or mental disability, medical condition, sexual orientation, or any other consideration made unlawful by federal, state or local laws." "We are a drug free workplace"

PERSONAL INFORMATION													
Last Name		First Name	Middle Name				Pho	Phone Number/E-Mail Address					
Present Street Address		City			Stat	to Zin	Cada						
Flesent Street Address		City			Sid	ie zip	Code	How Long?					
Previous Street Address		City			Sta	te Zip	Code	How Long?					
Are you at least 18 years old? Are you legally eligible for Have you ever been convicted of a felony or misdemeanor?													
□Yes □No	empl	oyment in this country?	(A conviction may be relevant if job related, but not necessarily bar you from employment.)										
Are you at least 16 yea		□Yes □No	Image: CA Applicants: Excluding marijuana convictions older than two years.)										
If you are under 18, you	will be Proo	of U.S. citizenship or											
required to obtain a work based on State/Local		gration status will be ed upon employment.	Have you ever been terminated or asked to resign from any job? Yes INO If yes, please explain:										
JOB INTEREST & AVAILABILITY													
JOB INTEREST & AVAILABILITY Position Schedule Weekly Hours Worked, Days & Hours You Are Available Daily Driving													
Applying For:	Desired:	At Your Previous Jobs:						Distance:					
Store	Full Time	1 Hours 2 Hours		Monday			To If required by t						
Management	Part Time		Fuesday	job, would you									
	Seasonal		Vednesda	be willing to									
Other	Internship		□ ThursdayTo con □ FridayTo □Ye										
Corporate				□ Friday To □ Saturday To									
		Are Willing To Work		Saturday		<u></u>		If "Yes", How Far? Miles.					
Distribution Center		Per Week:		Sunday To Miles.									
Based on your understanding of the duties of the job you are applying for, are you able to perform these duties with or without accommodation accommodation? Without accommodation If you will need accommodation, please specify below:													
Has TiLLY'S ever	Available	Salary Desired:			ds or relative			ou learn of this					
	employed you? Starting Date:		employe past:					pening?					
If "Yes" when?			pace										
EDUCATIONAL BACKGROUND													
Type Of School	Name	& Location Of School	Major / Number Of Ye				r Of Years	Graduated					
					Of Study	Att	ended	(Check One) Yes No					
High School								Yes No					
College								Yes No					
Graduate School								Yes No					
Other								Yes No					
SKILLS & QUALIFICATIONS													
Summarize special skills and qualifications acquired from employment, membership in professional organizations or other experiences that may qualify you for work with TiLLY'S. Exclude those, which indicate race, color, religion, sex, national origin, ancestry, age, physical or mental disability, medical condition, sexual orientation or marital status.													
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EMPLOYMENT HISTORY										
List employment starting with the 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, please include personal references to be contacted. If you have more than four places of employment, please list on a separate piece of paper.										
Name And Address of Company & Type of Business:	FR MO.	OM YR.	MO.	O YR.	Describe The Work You Did:					
	Ending	g Salary	:							
	Job Title:				Reason For Leaving:					
Phone Number:	Name Of Supervisor:				May This Company Be Contacted For Refer	ences?				
Name And Address of Company & Type of Business:	FROM TO MO. YR. MO. YR.				Describe The Work You Did:					
	NIC.		WIC.							
	Ending	g Salary	:							
	Job Title:				Reason For Leaving:					
Phone Number:	Name Of Supervisor:				May This Company Be Contacted For Refer	rences?				
Name And Address of Company & Type of Business:		OM		0	Describe The Work You Did:					
	MO.	YR.	MO.	YR.						
	Ending	g Salary	:							
	Job Ti	tle:			Reason For Leaving:					
Phone Number:	Name Of Supervisor:				May This Company Be Contacted For Refer	rences?				
Name And Address of Company & Type of Business:		ОМ		0	Describe The Work You Did:					
	MO.	YR.	MO.	YR.						
	Ending	g Salary	:							
	Job Title:				Reason For Leaving:					
Phone Number:	Name	Of Supe	ervisor:		May This Company Be Contacted For Refer	ences?				
				_						
PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW										
I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.										
I hereby authorize TiLLY'S to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to TiLLY'S any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release TiLLY'S, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.										
I understand that nothing that contains in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between Tilly's and me. I understand that, if hired, I may be transferred, reassigned, suspended or demoted. In addition, I understand and agree that if I am employed, my employment will be At-Will and is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Tilly's, and that no promises or representations contrary to the foregoing are binding on Tilly's unless made in writing and signed by me and Tilly's designated representatives (Tilly's CEO or CFO and Director of Human Resources).										
I hereby agree that in the event of any dispute arising out of submission of this application or my employment with Tilly's (except for workers' compensation claims and unemployment insurance), I and TiLLY'S agree to first try in good faith to settle the dispute by mediation administered by a member of the American Arbitration Association or other mutually agreed upon mediator. The party seeking dispute resolution must provide the other party with a detailed description of the grievance, the facts supporting the grievance and the amount sought at least 30 days before commencing mediation proceedings. TiLLY'S agrees to pay the cost of the mediation.										
Date: Applicant's Name:					Applicant's Signature:					
FOR OFFICE USE ONLY! DO NOT WRITE BELOW THIS LINE!										
Interviewed By: Da										
Location: Salary / Wages:			_ UFT	ШРТ		ng To Work:				
Hours: Comments:				USE						