

**APPLICATION
FOR EMPLOYMENT**



____/____/____
Date of Application

DSW is an equal opportunity employers. All individuals are considered for employment, advancement, and compensation based upon qualifications and availability, without regard to race, color, creed, religion, sex, national origin, ancestry, age, disability, marital status, veteran status or any other protected classification.

AVAILABILITY

Position Applying for: _____ Date Available to Start: _____ Salary Desired: _____

Desired Schedule: _____ Check Days Available: Sun Mon Tues Wed Thurs Fri Sat
 Full-time Part-time Seasonal Hours Available Each Day: _____

PERSONAL INFORMATION

Last Name		First Name		Middle Name	
Present Address		City	State	Zip	
Previous Address		City	State	Zip	
Primary Telephone ()	Secondary Telephone ()	Social Security Number		If you are not over the age of 18, state your age:	

EMPLOYMENT HISTORY

List employment, starting with your **most recent position**. Account for any time during this period in which you were unemployed by stating the nature of your activities.

May we contact your present employer? YES NO

Employer	Dates From To		Position/Title
Address			Duties Performed
City State Telephone ()			
Supervisor	Hourly Rate/Salary Starting Final		
Reason for Leaving			
Employer	Dates From To		Position/Title
Address			Duties Performed
City State Telephone ()			
Supervisor	Hourly Rate/Salary Starting Final		
Reason for Leaving			
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Address			Duties Performed
City State Telephone ()			
Supervisor	Hourly Rate/Salary Starting Final		
Reason for Leaving			

EDUCATION

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Completed	Graduated? (check one)
High School	Name			Yes No
	City State			
College	Name			Yes No
	City State			
Other	Name			Yes No
	City State			
Special Skills/Courses				

MISCELLANEOUS

Are you a citizen of the U.S. or an alien authorized to work in the U.S.? Yes No

Have you ever been employed by the Company before? Yes No	Dates Employed	Location	Supervisor	Position
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List the names of friends or relatives now employed by Shonac/DSW/Crown. How were you referred by the Company?

Have you ever been convicted of any felony? Yes No (Conviction does not necessarily bar your employment).
Date(s)/Nature of Offense(s):

Have you ever been convicted of a misdemeanor involving weapons, theft, dishonesty or violence or participated in a pre-trial diversion program involving the same? Yes No (Conviction does not necessarily bar your employment).
Date(s)/Nature of Offense(s):

REFERENCES

Name	Address	Telephone	Relationship/Title	Years Known
		()		
		()		
		()		

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.

Full Name	Address	Home Phone: ()	Relationship
		Bus. Phone: ()	

PLEASE READ THIS STATEMENT CAREFULLY

I understand and agree that, if hired by DSW in any capacity, I may be required to and will be available to work at night and on Saturdays and Sundays as needed. My work schedule will be subject to modification at any time. I understand and agree that my employment and compensation can be terminated with or without cause or notice at any time at the option of the Company or myself. I understand that no company representative has the authority to enter into any agreement for employment for a specific period of time or to make any agreement contrary to this.

I authorize a thorough investigation to be made in connection with my application for employment including my employment history, character, general reputation, and personal characteristics, whichever may be applicable. I understand that this investigation may include personal interviews with third parties-such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. I authorize my present employer, my former employers, any educational institution, any law enforcement organization, any customer reporting agency, or any other appropriate source or individual to provide all information that is requested in connection with such an investigation. I understand that if an investigation report is requested from a consumer reporting agency, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation requested. I release the Company and all other persons from any liability or any damage that may result from this information being furnished to the Company. This release extends to all pertinent information, personal or otherwise.

I further agree to take any lawful examination or test required by the Company as a condition of my being hired, or if I am hired, as a condition of my continued employment. I agree that my refusal to take any such lawful examination or test will result in immediate termination. Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer that violates that law is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.

An offer of employment may be conditioned upon the applicant's submitting to a pre-employment drug screening. An associate who tests positive or refuses to consent to testing is subject to discharge. I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am hired, false statements on this application or during any interview may result in immediate termination. I further understand that if I am hired, I am required to abide by all rules and regulations of the Company.

I also understand this application will be held for consideration for employment, on active file for a period of 60 days.

Signature _____ Date _____