

(continued)

# APPLICATION FOR EMPLOYMENT

PLEASE PRINT INFORMATION REQUESTED IN INK.

Date April 1

BROWN'S IS AN EQUAL OPPORTUNITY EMPLOYER and fully subscribes to the principles of Equal Employment Opportunity. Brown's has adopted an Affirmative Action Program to ensure that all applicants and employees are considered for hire, promotion and job status, without regard to race, color, religion, sex, national origin, age, handicap, or status as a disabled veteran or veteran of the Vietnam Era.

To protect the interests of all concerned, applicants for certain job assignments must pass a physical examination before they are hired.

Note: This application will be considered active for 90 days. If you have not been employed within this period and are still interested in employment at Brown's, please contact the office where you applied and request that your application be reactivated.

Name: Albert C. Smith Social Security Number: 411-~~76~~ 76-2614  
Last First Middle (Please present your Social Security Card for review)

Address: 1526 N. Otter City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Number Street

County: Marion

Previous Address: Same City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Number Street City State Zip Code

If hired, can you furnish proof of age?  Yes  No

If hired, can you furnish proof that you are legally entitled to work in U.S.  Yes  No

Current phone or nearest phone: \_\_\_\_\_

Best time of day to contact: any  
(Answer only if position for which you are applying requires driving)

Licensed to drive car?  Yes  No

Is license valid in this state?  Yes  No

Have you ever been employed by Brown's. Yes \_\_\_\_\_ No  If so, when \_\_\_\_\_ Position \_\_\_\_\_

Have you a relative in the employment of Brown's Department Store? Yes \_\_\_\_\_ No

A PHYSICAL OR MENTAL DISABILITY WILL NOT CAUSE REJECTION IF IN BROWN'S MEDICAL OPINION YOU ARE ABLE TO SATISFACTORILY PERFORM IN THE POSITION FOR WHICH YOU ARE BEING CONSIDERED. Alternative placement, if available, of an applicant who does not meet the physical standards of the job for which he/she was originally considered is permitted.

Do you have any physical or mental impairment which may limit your ability to perform the job for which you are applying? Yes, I have a back problem & was in Central State Hospital for 6 months.

If yes, what can reasonably be done to accommodate your limitation? \_\_\_\_\_

EDUCATION	School Attended	No. of Years	Name of School	City/State	Graduate?	Course or College Major	Average Grades
	Grammar	6	Holy Trinity	Scranton	Yes	General	B
Jr. High	3	Crestview	"	"	"	B	
Sr. High	3	WCHS	"	"	College Prep	C	
Other							
College	3	State U	Scranton	NO		C	

MILITARY SERVICE	Branch of Service	Date Entered Service	Date of Discharge	Highest Rank Held	Service-Related Skills and Experience Applicable to Civilian Employment
	USA	1999	2003	E-3	radio stuff

What experience or training have you had other than your work experience, military service and education? (Community activities, hobbies, etc.) \_\_\_\_\_

I am interested in the type of work I have checked:  
 Sales  Office  Mechanical  Warehouse  Other (Specify)  anything

Or the following specific job: \_\_\_\_\_

I am seeking (check only one)  Temporary employment (6 days or less)  Part-Time Work  
 Seasonal employment (one season, e.g. Christmas)  Full-Time Work  
 Regular employment (employment for indefinite period of time) \_\_\_\_\_ If part-time, indicate maximum hours per week and enter hours available in block to the right

HOURS AVAILABLE FOR WORK	
Sunday	To _____
Monday	To _____
Tuesday	To _____
Wednesday	To _____
Thursday	To _____
Friday	To _____
Saturday	To _____

*anything*

If temporary, indicate dates available: \_\_\_\_\_

Have you been convicted during the past seven years of a serious crime involving a person's life or property?  
 NO  YES  If yes, explain: drunk in public

### REFERENCES

LIST BELOW YOUR FOUR MOST RECENT EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT ONE. IF YOU HAVE HAD FEWER THAN FOUR EMPLOYERS, USE THE REMAINING SPACES FOR PERSONAL REFERENCES. IF YOU WERE EMPLOYED UNDER A MAIDEN OR OTHER NAME, PLEASE ENTER THAT NAME IN THE RIGHT HAND MARGIN. IF APPLICABLE, ENTER REASON FOR LEAVING IN THE REVERSE SIDE.

Name	Address	City	State	Zip Code	Tel. No.	Name of your Supervisor	What kind of work did you do?	Starting Date	Starting Pay	Date of Leaving	Pay at Leaving	Why did you leave? Give details
Eric Burgess	Walnut St.	Scranton	PA			Eric Burgess	Clean up	04/05	\$7/hr	3/05	\$15	Fired
Fred Willis	Scranton	Scranton	PA			Rafael	looked for a job	8/05	\$6.50/hr		\$6.50	Boss always picked on me.
Wayne Conster	1436 N. Anderson	Scranton	PA	555-4141		Kim Lencki	Jackhammer + wiring	6/98	\$6/hr	4/99	\$6.25	Company went broke.
	Central Hospital	Washington	PA			Lynn Donoran	Clean up		\$50/hr			El got better + was discharged.

I certify that the information in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for dismissal in accordance with Brown's policy. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of Brown's, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no unit manager or representative of Brown's other than the President or Vice-President 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. In some states, the law requires that Brown's have my written permission before obtaining consumer reports on me, and I hereby authorize Brown's to obtain such reports.

Applicant's Signature

*Smith, Albert C.*

### NOT TO BE FILLED OUT BY APPLICANT

INTERVIEWER'S COMMENTS	Date of Emp. Dept or Div	Regular Part-time	Job Title	Job Title Code	Compensation Arrangement	Manager Approving Employee No.	Rank No.	Tested	Physical examination scheduled for	Physical examination form completed	Minor's Work Permit	Proof of Birth	Training Material Given to Employee	Unit Name and Number
El really need a job now.					Make me an offer			Physical examination scheduled for	El didn't get one.					Albert Smith
Prospect for								REFERENCE REQUESTS	CONSUMER REPORT	With. Tax (W-4)	State With. Tax			
1.														
2.														