

AMERICAN EAGLE OUTFITTERS

American Eagle Outfitters Canada Corporation is an equal opportunity employer. All applicants and employees are considered for employment, advancement, and compensation based upon their skills and performance without regard to race, sex, national origin, citizenship status, age, ancestry, handicap, disability, marital status, or any other ground under Human Rights legislation.

Please complete all requested information. (Please print legibly in ink.)

GENERAL INFORMATION

Location/Store # _____

Today's Date _____

Name	(Last	First	Middle)	Telephone - Home	Telephone - Work
Street Address				Position Desired	Date you can start work
City		Province	Postal Code	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
				Temporary <input type="checkbox"/>	
				Days <input type="checkbox"/>	Evenings <input type="checkbox"/>
				Weekends <input type="checkbox"/>	All <input type="checkbox"/>
Willing and able to relocate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please indicate the hours you are available to work during both day and evening shifts for each day: (i.e. 5 p.m.-10 p.m.)	
If yes, identify geographical area: _____					
Have you ever worked for American Eagle Outfitters, Thrifty's, Bluenotes or NLS before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Shift	
If yes, state where, when, final position, and reason for leaving: _____				Sun	
				Mon	
				Tues	
				Wed	
				Thurs	
				Fri	
				Sat	
				From	
				To	
Have you ever applied to American Eagle Outfitters, Thrifty's, Bluenotes or NLS before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Note: Should your availability change, it is your responsibility to notify your manager. (Any changes to availability are subject to manager approval based on business need.)	
If yes, where and when?					

Do you have a spouse, child, or parent currently employed by American Eagle Outfitters, Thrifty's/Bluenotes, and/or NLS? Yes No

If yes, identify by name(s) relationship, position and location where employed: _____

Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your employment history?

Yes No If yes, please explain: _____

EMPLOYMENT HISTORY

List all current and former employers, beginning with present or most current employer first. Include any periods of unemployment, self employment, etc.

Information provided is subject to verification.

Please explain any gaps in employment in the general comment space provided on the back of this application.

Company Name	Starting Position	Starting Salary
Street	City	Province
		Postal Code
Phone	Supervisor's Name	Title
Duties:		
Reason for leaving:		
May be contacted now?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates of employment		
Start: (Month/Year)		End: (Month/Year)
Company Name		
Starting Position		
Starting Salary		
Street	City	Province
		Postal Code
Phone	Supervisor's Name	Title
Duties:		
Reason for leaving:		
May be contacted now?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates of employment		
Start: (Month/Year)		End: (Month/Year)
Company Name		
Starting Position		
Starting Salary		
Street	City	Province
		Postal Code
Phone	Supervisor's Name	Title
Duties:		
Reason for leaving:		
May be contacted now?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates of employment		
Start: (Month/Year)		End: (Month/Year)