FOREVER 21

APPLICATION FOR EMPLOYMENT

Forever 21 is an Equal Opportunity Employer

SECTION I. PERSONAL INFORMATI	ION			
Last Name	First _			M.I
Current Address				
Street If different from above,		City	State	Zip Code
		City	State	Zip Code
Day Phone ()I	Evening Phone (-	State	Zip Code
Day i none (i	Evening Frione ()	_ -		
Are you 16 or over? Yes No Persons under 16 years of age are NOT eligible and its companies.	for employment at Forever 21	its companies in the	? ☐ Yes ☐ No ars of age are NOT eligible for en following states: AL, AR, CA, CO , MN, NV, NH, NJ, NY, NC, OH, (, CT, DE, DC, FL, HI, IN, KY,
Are you a U.S. citizen, permanent resident,	, or otherwise legally authorized	d to work in the United S	States?	
Have you ever applied to Forever 21 or an	y of its affiliated companies?	☐ Yes ☐ No If yes, w	when & where?	
Have you ever been employed by Forever	21 or any of its affiliated comp	anies? \square Yes \square No	If yes, when & where?	
IN CASE OF EMERGENCY NOTIFY:				
Name	Day Pho	ne/	Evening Phone	/
Address				
If yes, please list (include reasons, PRE-EMPLOYMENT CERTIFICATION	dates and places)			
Please read the following statements ca considered valid. If you have any questi				and dated are
I understand that this application is only various collectively the "Company", and the Compalaw prohibits the employment of unauthoriz failure to submit such proof will result in	any is not obligated to retain or ted aliens; all persons hired m	consider this application nust submit satisfactor	for current or future opening	s. I understand that federal
I authorize investigation of all statements of misrepresentation or omission of facts of authorize the Company to secure information provide information concerning my experient from such investigation or the supplying of no way impliedly or expressly alters the at-	will result in removal of my a tion about my experience with nce. I hereby release the Comp information as part of such pro	pplication from consid former employers, educa pany and all of its emplo peess. I further understar	eration, or if employed, imn ation institutions and agencies yees and agents from all clair	nediate termination. s and for those parties to ms and liabilities arising
If employed by the Company, I will abide by make the following conditions mandatory: of the following types and terms and conditions benefits - or any other terms and conditions these as conditions of my employment.	overtime or a work schedule others of employment - promotion,	her than Monday through demotion, transfers, wor	h Friday. The Company retain k assignments, job duties/res	s sole discretion regarding ponsibilities, wage rates and
If I am employed by the Company, I undersat any time at the option of the Company and then only in writing, signed by me and that, with respect to the at-will employment and final expression of the parties' of intent certifies that I agree to be bound by the ten of employment.	y or myself. Only the CEO of the by the CEO, which expressly relationship, this application at concerning the nature any em	he company has the aut efers to the alteration of nd the company's "At-Wi ployment relationship be	hority to make any agreemen my at-will employment status ill" Employment Agreement of etween me and the Company	t contrary to the foregoing, I further expressly agree constitutes the full, complete My signature below
Applicant's Signature			Date	
If under 10 Devent/Level Consultan			D-4-	
If under 18, Parent/Legal Guardian			Date	/

FOREVER 21

If under 18, Parent/Legal Guardian_

Form 0001, Revised 5/20/09

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Date

SECTION III. EMPLOYMENT DESIRED ____/___ Desired pay \$ _ _ Date you can start ____ Please fill in the days and hours you are available to work (e.g., "9am-5pm"). If available any hours, please indicate as "OPEN" Sunday Monday Tuesday Wednesday Thursday Saturday I understand that the Company has the sole and final discretion when scheduling employee work hours, and that my available hours indicated on this application will be used to determine my employability and/or my work schedule. I understand that if I am unable to meet my required/scheduled work hours for whatever reasons, then I may be subject to a reduction of scheduled work hours and/or disciplinary action, up to and including, termination of employment. (INITIAL) **SECTION IV. EMPLOYMENT HISTORY** Are you presently employed? \square Yes \square No Please list the last three employers or attach resume. ☐ No Present Employer (Name and Location) Phone No. Dates of employment Job Base rate of pay Title (Start) (Final) (Start) (Final) ☐ F/T □ P/T ☐ Temporary Description of job duties Reason for leaving Present Employer (Name and Location) Phone No. Dates of employment Job Base rate of pay (Start) Title (Final) (Final) (Start) ☐ F/T ☐ P/T ☐ Temporary Description of job duties Reason for leaving **SECTION V. EDUCATION** Graduated? Degree **SCHOOL NAME & LOCATION** Yes / No Earned? High School or GED Trade or Vocational College/University Special Training or Skills (e.g., typing, computer software, foreign languages, etc.) **SECTION VI. REFERENCES** How were you referred to the company? ☐ Current Employee ☐ Walk In ☐ Internet/ F21 Website Other: To check for any potential conflict of interest, please respond to the following questions. a) Do you have any family members currently employed by the Company? \square Yes \square No \square If yes, list names & where b) Are you, or any of your friends or relatives, a current or former vendor of the Company? Yes No If yes, vendor name_ c) Do you, or any of your friends or relatives, own or operate an apparel or accessory retail business? \Box Yes \Box No (List only those people who have actual knowledge of your job performance. Do not include relatives.) Name Telephone Type of Business or Duties Years Acquainted Applicant's Signature Date