## **Employment Application**

An equal opportunity employer, Bath & Body Works, Inc. does not discriminate in hiring or terms and conditions of employment because of an individual's race, color, religion, gender, national origin, citizenship, age, disability, sexual orientation or marital status. Bath & Body Works, Inc. only hires individuals authorized for employment in the United States.

# Bath & Body Works

Position Desired:	
Schedule Desired:	☐ Full Time ☐ Part Time ☐ Temporary / Seasonal
Salary Expected: \$.	per
Date Available:	/ /

/ Date o	f Applicat	ion	_			Date Av	/ailable: .	/	/		
				PERSONAL IN	IFORMATION	<u> </u>					
Last Name First Name			Middle Name		Are you authorized for employment in the U.S.?						
Present Street Address			City		State	Zip	How I	ong have yo			
Previous Street Address City			State	How long did you live there?							
Home Phone Number (Including Area Code)		E-Mail Address	Social Security Number		mber		If you are under the age of your age:				
				EDUO	1 TION						
Type of School			Name and	EDUCA Location of School	ATION	Degree / Area of S	Study	Number of			uated
HIGH SCHOOL		Name	Name and	Location of Gonool	.ocation of School Degree			Attend	ed	(Chec	k One) No
		City		State							
COLLEGE		Name City		State						Yes	No
OTHER		Name									
OTHER		City		State						Yes	No
					ring this period th	at you were unemploye y we contact your curre			ire of y	our activ	ities.
Dates	Nar	ne and Ad	dress of Employer	Position Held a	and Supervisor	List Major Duties		Wages	Rea	son for L	.eaving
From: / / Yr.	Name Address			Your Job Title				rting			
To:/	Phone			Supervisor			Fin	aı			
From: /	Name			Your Job Title			Sta	rting			
Mo. Yr.	Address						Fin	al			
To://	Phone			Supervisor							
From: / Yr.	Name Address			Your Job Title				rting			
To: / /	Phone			Supervisor			Fin	al			
From: /	Name			Your Job Title			Sta	rting			
Mo. Yr.	Address			Suponicar			Fin	al			
To: / / Yr.	Phone			Supervisor							
Have you ever been d	licoborgo	d from a	ioh(a)? Voc	No If you place	uso provido dota	ula including place(s)	\ of omn	lovmont l	oootio	n(c) do	rto(c)

Have you ever been discharged from a job(s)?Yes No If yes, please provide details, including place(s) of employment, location(s), date(s),
supervisor's name(s), and circumstances of the discharge(s):

ACADEMIC AND PROFES	SIONAL ACTIV	ITIES AND A	CHIEVEME	NTS		
Academic and Professional Activities and Achievements, Awards, Publications or Technical-Professional Societies, indicate type or name.  Exclude organizations which indicate race, creed, color, sex, sexual orientation, age, religion, disability or national origin of its members.						
Zionado organización iniciamidado (doo, c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oauo, age, rengie.	i, alcability of flat	ondi ongin or no momboro.		
SPECIAL SKILLS						
Other Skills applicable to position applied for (e	.g. computer proficiency)					
MISCELLANEOUS						
Is there any additional information involving a c	hange of your name or ass	umed name that will per	mit us to check you	r work record?		
Have you previously been employed by any Lir	nited Brands, Inc. Division?	Employment Da	ate(s)	Division(s) Employed	Position(s) He	eld
☐ Yes ☐ No List names of friends or relatives now employee	d by any Limited Brands, Inc	c. Division:				
Have you ever been convicted of, or pled quilty to.	a crime for which the record	has not been expunded o	or sealed? (In Califor	rnia. vour response should not	include marijuana convi	ictions that are more than
two years old or information concerning referral to, or pa			,		•	
At Bath & Body Works, Inc., a good attendance Works, Inc.'s attendance policy?	record is an important part o	f every associate's overa	all performance. Do	you know of any reason you	may not be able to con	nply with Bath & Body
PERSON TO CONTACT IN	CASE OF EME	RGENCY				
This information is to facilitate contact in		ency and is not used		process.		
Full Name	Address		Phone		Relation	onship to you?
Place of Employment	Address		Phone			
AVAILABILITY						
SUN	MON	TUE	WED	THU	FRI	SAT
AM						
PM						
Olad Balana Faddala	NA:- // I	7-1-1		Ma. # har as a state	.111	
	Min # hours Will you be available to wor	available weekly: *k: Thanksgiving (week)	) r Yes q No	Max. # hours availal Christmas (week prior)		
Available start date:	Christmas (week of) r Yes	r No Other				
I hereby affirm that the information give this application, or otherwise providing discovered. I authorize a thorough invecharacter, general regulation, personal understand this investigation may include and others with whom I am acquainted. disclosure of the nature and scope of the It is my understanding that as a prere the Company may lawfully require. The If I am hired, I agree that my emplomath & Body Works, Inc. or myself. I under Bath & Body Works, Inc., no representat other agreement contrary to the foregoin	en by me on the applica false information to the stigation to be made in characteristics, emplo de personal interviews v I further understand I h e investigation. quisite to consideration Company will pay the re byment and compensa stand that, unless modifi- tive of Bath & Body Wor	c Company will be in n connection with thi yment, education, a with third parties such ave the right to make for employment, I me easonable cost of any tion can be termina ed in written agreeme	is complete and nmediate ground is application cond criminal received as family memera written requests agree to subly such examinated with or with the signed by both	accurate. I understand the last for dismissal, no matter normal matter ord, whichever may be the set within a reasonable pumit to any post-employment on which may be required nout cause, and without me and the Vice Presider	er when the falsifications, credit standapplicable for empes, financial source eriod of time for content examinations, led.  It notice at any tint of Human Resource.	cation or omission is ding, credit capacity, oloyment purposes. I ses, friends, neighbors, implete and accurate physical or other, as me, at the option of ces or the President of
I have read and affirm as my own the	above statements.					
			Applicant's	s Signature		Date
APPLICANTS IN THE STA Under Maryland law an employer may not test or examination as a condition of employer.	ot require or demand ar	ny applicant for emplo				
			Applicant's	Signature		Date
APPLICANTS IN THE STA It is unlawful in Massachusetts to require shall be subject to criminal penalties and	or administer a lie dete			nt or continued employm	ent. Any employer	who violates this law
			Applicant's	Signature		Date
APPLICANTS IN THE STA I agree to be scheduled for less than foulleast twice the applicable minimum hour	r (4) hours of work on ar			nc., provided the minimu	m daily pay in ever	y instance shall be at

Applicant's Signature

Date

## FAIR CREDIT REPORTING ACT DISCLOSURE

Bath & Body Works, Inc., when considering your application for employment, when making a decision whether to continue your employment (if you are hired), and when making other employment related decisions affecting you, may wish to obtain and use a consumer report from a consumer reporting agency. As an applicant for employment or employee of Bath & Body Works, Inc, you are a "consumer" with rights under the Fair Credit Reporting Act.

#### A. NEW YORK ONLY

Bath & Body Works Inc., when considering your application for employment, when making a decision whether to continue your employment (if you are hired), and when making other employment related decisions affecting you, may wish to obtain and use a consumer report from United Stores Mutual Association, Intellicorp, or Secure Point. As an applicant for employment or employee of Bath & Body Works, Inc., you are a "consumer" with rights under the Fair Credit Reporting Act.

Upon request, Bath & Body Works, Inc. will inform you whether or not a consumer report was requested and, if a consumer report was requested, you will be informed of the name and address of the consumer reporting agency that furnished the report.

## **B. CALIFORNIA ONLY**

Bath & Body Works, Inc., when considering your application for employment will obtain a consumer report from United Stores Mutual Association, Intellicrop or Secure Point. As an applicant for employment or employee of Bath & Body Works, Inc., you are a "consumer" with rights under the Fair Credit Reporting Act and California Civil Code Section 1785.20.5.

You have the right to receive a copy of the consumer report that is obtained by Bath & Body Works, Inc. If you would like a copy of the consumer report, please check the box below and Bath & Body Works, Inc. will request that the consumer reporting agency send a copy of the consumer report to you at no charge to the address provided below.

□ I would like a copy.

## C. MINNESOTA ONLY

Bath & Body Works, Inc., when considering your application for employment will obtain a consumer report from United Stores Mutual Association, Intellicrop or Secure Point. As an applicant for employment or employee of Bath & Body Works, Inc., you are a "consumer" with rights under the Fair Credit Reporting Act and Minnesota Statute Section 13C.02.

You have the right to receive a copy of the consumer report that is obtained by Bath & Body Works, Inc. If you would like a copy of the consumer report, please check the box below and Bath & Body Works, Inc. will request that the consumer reporting agency send a copy of the consumer report to you at no charge to the address provided below.

#### D. OKLAHOMA ONLY

STREET ADDRESS

Bath & Body Works, Inc., when considering your application for employment will obtain a consumer report from United Stores Mutual Association, Intellicorp, or Secure Point. As an applicant for employment or employee of Bath & Body Works, Inc., you are a "consumer" with rights under the Fair Credit Reporting Act.

You have the right to receive a copy of the consumer report that is obtained by Bath & Body Works, Inc. If you would like a copy of the consumer report, please check the box below and Bath & Body Works, Inc. will request that the consumer reporting agency send a copy of the consumer report to you at no charge to the address provided below.

CITY

ZIP

ST

ACKNOWLEDGED:

NAME (signature)

NAME (printed)

SOCIAL SECURITY NUMBER

DATE

IF YOU SEEK A COPY OF A REPORT, PLEASE FILL OUT ADDRESS, CITY, STATE AND ZIP: