

# The J. Jill Group Companies

## APPLICATION FOR EMPLOYMENT

The J. Jill Group Companies are an equal opportunity employer and considers applicants for all positions without regard to race, color, religion, sex, national origin, marital status, Veteran status, physical or mental disability, or any other legally protected status.

**DIRECTIONS:** Please print and complete this form in ink.

**DATE:** \_\_\_\_\_

### PERSONAL DATA

Name: \_\_\_\_\_  
*Last First Middle*

Other Names Used (*current/past/nicknames*): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
*Street and Number City State Zip*

Phone Number: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Best time to contact: \_\_\_\_\_  
Social Security No. \_\_\_\_\_

How or by whom were you referred?  
 Radio - which one?: \_\_\_\_\_  Newspaper ad - which one?: \_\_\_\_\_  Other: \_\_\_\_\_  
 A J. Jill Employee - name: \_\_\_\_\_

Have you applied here before?  Yes  No If yes, when: \_\_\_\_\_

Have you ever been employed here before?  Yes  No  
If yes, Date(s): \_\_\_\_\_ Dept(s): \_\_\_\_\_

If hired and under age 18, can you furnish a work permit?  Yes  No  Not Applicable  
Are you a citizen of the United States?  Yes  No

If not a citizen, can you furnish proof of eligibility to work in the United States?  Yes  No

### EMPLOYMENT DATA

Position Desired: 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Total hours available per week: \_\_\_\_\_

Type of hours: (*check all that apply*)  
 Full Time  Part Time  First Shift  Second Shift  Third Shift  Weekend Shift

Temporary: What date will you no longer be available to work? \_\_\_\_\_

Flex: What days and hours would be most ideal for you to work? Days: \_\_\_\_\_ Hours: \_\_\_\_\_

How many total hours a week do you need/want to work? Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

When throughout the year are you able to work less/more hours? Less: \_\_\_\_\_ More: \_\_\_\_\_

Are there any days or hours you are unable or prefer not to work?  Yes  No Explain: \_\_\_\_\_

Are you able to work overtime?  Yes  No If no, please explain: \_\_\_\_\_

# EMPLOYMENT HISTORY

\*\*\* Please complete in full even though you may have a resume. List voluntary work also. \*\*\*

## CURRENT OR LAST EMPLOYER:

Company name: \_\_\_\_\_ Employment dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Type of business: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
Address: \_\_\_\_\_ Starting hourly rate: \$ \_\_\_\_\_  
Job title: \_\_\_\_\_ Ending hourly rate: \$ \_\_\_\_\_  
Duties/Responsibilities: \_\_\_\_\_

Reason  
for leaving: \_\_\_\_\_  
May we contact:  Yes  No If no, please explain: \_\_\_\_\_  
Person to contact: \_\_\_\_\_ Company Phone Number: ( ) \_\_\_\_\_

## PREVIOUS EMPLOYER:

Company name: \_\_\_\_\_ Employment dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Type of business: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
Address: \_\_\_\_\_ Starting hourly rate: \$ \_\_\_\_\_  
Job title: \_\_\_\_\_ Ending hourly rate: \$ \_\_\_\_\_  
Duties/Responsibilities: \_\_\_\_\_

Reason  
for leaving: \_\_\_\_\_  
May we contact:  Yes  No If no, please explain: \_\_\_\_\_  
Person to contact: \_\_\_\_\_ Company Phone Number: ( ) \_\_\_\_\_

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Company name: \_\_\_\_\_ Employment dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Type of business: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
Address: \_\_\_\_\_ Starting hourly rate: \$ \_\_\_\_\_  
Job title: \_\_\_\_\_ Ending hourly rate: \$ \_\_\_\_\_  
Duties/Responsibilities: \_\_\_\_\_

Reason  
for leaving: \_\_\_\_\_  
May we contact:  Yes  No If no, please explain: \_\_\_\_\_  
Person to contact: \_\_\_\_\_ Company Phone Number: ( ) \_\_\_\_\_

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Company name: \_\_\_\_\_ Employment dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Type of business: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
Address: \_\_\_\_\_ Starting hourly rate: \$ \_\_\_\_\_  
Job title: \_\_\_\_\_ Ending hourly rate: \$ \_\_\_\_\_  
Duties/Responsibilities: \_\_\_\_\_

Reason  
for leaving: \_\_\_\_\_  
May we contact:  Yes  No If no, please explain: \_\_\_\_\_  
Person to contact: \_\_\_\_\_ Company Phone Number: ( ) \_\_\_\_\_

## EDUCATION

Circle highest grade completed:

High School: 9 10 11 12 GED College: 13 14 15 16 17

List all schools, starting with high school:

Name/Address

Major/Course Studied

Did you Graduate?/Degree Received

List any other relevant courses, certifications, etc.:

List any academic honors, extra curricular activities, etc.:

Do you have any objection to our contacting your schools?  Yes  No Explain:

## WORK SKILLS

Check all that apply:

- |                                                 |                                               |                                            |                                                  |
|-------------------------------------------------|-----------------------------------------------|--------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> General Clerical       | <input type="checkbox"/> Reception            | <input type="checkbox"/> Telephone Sales   | <input type="checkbox"/> Order Packer            |
| <input type="checkbox"/> Secretarial            | <input type="checkbox"/> Computer Operator    | <input type="checkbox"/> Stocking          | <input type="checkbox"/> Order Picker            |
| <input type="checkbox"/> Typing (WPM _____)     | <input type="checkbox"/> Cashier              | <input type="checkbox"/> Quality Assurance | <input type="checkbox"/> Returns                 |
| <input type="checkbox"/> Accounts Receivable    | <input type="checkbox"/> Sales Associate      | <input type="checkbox"/> Shipping          | <input type="checkbox"/> Maintenance             |
| <input type="checkbox"/> Accounts Payable       | <input type="checkbox"/> Customer Service Rep | <input type="checkbox"/> Receiving         | <input type="checkbox"/> Transportation          |
| <input type="checkbox"/> Payroll (System _____) |                                               |                                            | <input type="checkbox"/> Valid driver's license? |

Software used:

- Word Processing \_\_\_\_\_  
 Graphics \_\_\_\_\_

- Spreadsheets \_\_\_\_\_  
 Other \_\_\_\_\_

Calculator:  Yes  No

Describe any other ability, skills or experience which you believe would be helpful in your job:

## GOALS (optional)

Briefly describe professional and/or work objectives you have set for yourself over the next few years:

**SECURITY**

Have you been convicted of a felony?  Yes  No

If yes, give details, including date, location (city), nature of offense and disposition:

**Note:** Applicants with a sealed record on file can answer "no record" to any inquiries about criminal charges.

**SIGNATURE**

**READ CAREFULLY BEFORE SIGNING:**

Whether or not I become employed by J. Jill, I understand that this Application for Employment is not and should not be considered as a contract of employment. I further understand that employment at J. Jill is on an "at-will" basis, and that my employment may be terminated, with or without cause, and without notice, at any time, at my option or at the election of J. Jill.

I understand that misrepresentation of any information in this Application for Employment may result in denial of employment, or upon subsequent discovery, immediate termination of employment.

I understand that any offer of employment is also contingent upon my ability to provide proper documentation required by the Immigration Reform and Control Act of 1986 to substantiate that I am legally authorized to work in the United States.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I have read and fully understand the above:

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**RELEASE OF INFORMATION**

I authorize J. Jill to contact any or all of my former employers or any of the references I have provided, for the purpose of verifying any information I have given and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment with the former and/or current employers I have listed, except as noted below. If none, please write "NONE".

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant