



## Employment Application

**Equal Opportunity Employer:** Tapestry maintains and promotes a system-wide policy of non-discrimination on the basis of race, religion, color, sex, age, sexual orientation, national origin, disability, gender- identity, veteran status, or genetic information.

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Clearly)

Address: \_\_\_\_\_  
No. Street City State Zip Code

Telephone No.: ( ) \_\_\_\_\_ Cell No.: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### JOB INFORMATION

Position(s) Desired: \_\_\_\_\_  Full-time  Part-time, specify days/hours: \_\_\_\_\_

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

How did you learn of this position?

- Job Fair
- Employment Agency
- Current Employee (Name): \_\_\_\_\_
- Friend/Relative
- Other
- Advertisement: \_\_\_\_\_

### EDUCATION AND TRAINING

High School

Name and location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Did you graduate?  Yes  No Degree/Certificate: \_\_\_\_\_

College or University

Name and location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Did you graduate?  Yes  No Degree/Certificate: \_\_\_\_\_

Graduate School

Name and location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Did you graduate?  Yes  No Degree/Certificate: \_\_\_\_\_

Other

Name and location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Did you graduate?  Yes  No Degree/Certificate: \_\_\_\_\_

Describe in detail other training or education which is pertinent, including licenses, certificates or special skills: \_\_\_\_\_

### ADDITIONAL INFORMATION

1. Have you ever worked for or applied for a position at Tapestry? (If yes, explain below)  Yes  No
2. Do you have any relatives (spouse, child, parent, sibling, grandparent, grandchild, in-law or step relation, or anyone living in the same household) currently working for Tapestry (If yes, list below)  Yes  No
3. Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?  Yes  No  
If no, explain below.
4. Are you currently employed?  Yes  No  
If so may we inquire of your present employer?  Yes  No
5. Do you have a valid driver's license?  Yes  No

If Yes, please verify authorizing state: \_\_\_\_\_

**WORK HISTORY** (List most recent employment first)

1. Employer's name, address: \_\_\_\_\_  
Telephone: (        ) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we check references: Yes No

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2. Employer's name, address: \_\_\_\_\_  
Telephone: (        ) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we check references: Yes No

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3. Employer's name, address: \_\_\_\_\_  
Telephone: (        ) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we check references: Yes No

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**REFERENCES** (Must provide 2 professional references to be considered for employment.)

1. Name, address: \_\_\_\_\_  
Telephone: (        ) \_\_\_\_\_ Relationship to candidate: \_\_\_\_\_  
2. Name, address: \_\_\_\_\_  
Telephone: (        ) \_\_\_\_\_ Relationship to candidate: \_\_\_\_\_  
3. Name, address: \_\_\_\_\_  
Telephone: (        ) \_\_\_\_\_ Relationship to candidate: \_\_\_\_\_

**CERTIFICATION**

I certify by my signature below that all information given on this application, resume, and any supplement material is correct and complete to the best of my knowledge. If any information is false or misleading, it may cause my employment rejection or discharge after employment.

**I understand and agree to the following:**

- (a) I authorize the Agency to obtain information regarding me from former employers and to check my educational credentials and other employment-related activities. I agree to cooperate in such inquiries and release those parties supplying such information to the Agency from all liability or responsibility with respect to the information supplied.
- (b) If offered a hired position, I can provide proof of my identity and employment eligibility, pursuant to the Immigration Reform and Control Act of 1986.
- (c) If offered a hired position, I understand that I must successfully complete a criminal background check.
- (d) I understand that any employment given to me will be on a three (3) month introductory basis and may be terminated at any time, by myself or the employer, without notice or liability.
- (e) I understand that by signing below, I attest that all of the provided information above and in my resume is accurate.
- (f) I understand that any provided information that the Agency finds to be inaccurate can be used to disqualify me from this position.

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

\_\_\_\_\_  
Date