

Submitted on: _____ / _____ / _____

DSW is an equal opportunity employer. All individuals are considered for employment, advancement, and compensation based upon qualifications and availability, without regard to race, ethnicity, religion, sex, national origin, ancestry, age, disability, marital status, sexual orientation, veteran status or any other protected classification.

Availability

We rely upon the information you provide in determining whether to hire you. You will be expected to be available for scheduling during the times you list below.

Position Applying for:	Available Start Date:	Salary Desired:					
Desired Schedule:	Days & Hours Available:						
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	Start End	Start End	Start End	Start End	Start End	Start End	Start End

Personal Information

Last Name		First Name		Middle Name	
Present Address			City		State Zip
Previous Address			City		State Zip
Primary Telephone () ()	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary Telephone () ()	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Email Address	
					If you are not over the age of 18, state your age:

Employment History

List all employment, starting with your most recent position. Failing to provide all information for each employer may result in the rejection of your application. **May we contact your present employer?** Yes No

Employer	Dates From To		Position / Title
Address			Duties Performed
City State Telephone			
Supervisor	Hourly Rate / Salary Starting Final		
Reason for Leaving			
Employer	Dates From To		Position / Title
Address			Duties Performed
City State Telephone			
Supervisor	Hourly Rate / Salary Starting Final		
Reason for Leaving			
Employer	Dates From To		Position / Title
Address			Duties Performed
City State Telephone			
Supervisor	Hourly Rate / Salary Starting Final		
Reason for Leaving			
Employer	Dates From To		Position / Title
Address			Duties Performed
City State Telephone			
Supervisor	Hourly Rate / Salary Starting Final		
Reason for Leaving			

Have you ever been disciplined, terminated, or asked to resign by any employer because of dishonesty, employee discount abuse, or theft?

Yes No If yes, please explain. _____

Education

Type of School	Name and Location of School	Degree / Area of Study	Number of Years Completed	Graduated? (check one)
High School	Name			<input type="checkbox"/> Yes
	City State			<input type="checkbox"/> No
College	Name			<input type="checkbox"/> Yes
	City State			<input type="checkbox"/> No
Other	Name			<input type="checkbox"/> Yes
	City State			<input type="checkbox"/> No
Special Skills / Courses				

Criminal Conviction Information

All Applicants: In response to the questions that follow, you are not requested to provide information regarding convictions that have been sealed, expunged, annulled, or erased. Conviction does not necessarily bar your employment.

Massachusetts Applicants: Do not complete this section. Information regarding criminal convictions will be obtained only if your application is considered further.

California Applicants: Do not report convictions for marijuana-related offenses that are two or more years old. Do not report participation in pre- or post-trial diversion programs.

Connecticut Applicants: You are not required to disclose conviction records that have been erased. Convictions that can be erased under state law include certain types of delinquency, adjudication as a youthful offender, or if you've received an absolute pardon. If these laws apply to you, you may claim you have never been arrested.

Washington Applicants: Do not report convictions that are more than 10 years old.

Have you ever been convicted of a felony? Yes No

Date(s) / Nature of Offense(s): _____

Have you ever been convicted of a misdemeanor involving weapons, theft, dishonesty, or violence? Yes No

Date(s) / Nature of Offense(s) / Sentence Imposed: _____

Miscellaneous

Are you legally authorized to work in the United States? Yes No

How were you referred to DSW?

List the names of friends or relatives now employed by DSW:

Have you ever been employed by DSW before? Yes No

Dates Employed

Location

Supervisor

Position

References

Please provide the name and information of business colleagues and/or former managers only.

Name	Address	Telephone	Relationship / Title	Years Known
		()		
		()		
		()		

Person to Contact in Case of Emergency

This information is to facilitate contact in the event of an emergency and is not used in the selection process.

Full Name	Address	Primary Telephone ()	Relationship
		Secondary Telephone ()	

Please Read this Statement Carefully

I understand and agree that, if hired, my employment with DSW can be ended at any time, for any reason, by you or by the management of DSW—with or without notice. If hired, my compensation and schedule are also subject to change at DSW's discretion. I understand that no representative of DSW has the authority to enter into any agreement for employment for a specific period of time.

I authorize DSW to contact the former employers, educational institutions, and references listed in this application. I authorize those entities and individuals to provide all information that DSW might request in considering my application for employment or, if hired, in connection with any investigation of me during my employment. I release DSW and all other persons from any and all liability or any damage that may result from this information being furnished to DSW.

I further agree to take any lawful examination or test required by DSW as a condition of my being hired, or if I am hired, as a condition of my continued employment. I agree that my refusal to take any such lawful examination or test will result in immediate termination. Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am hired, false statements on this application or during my interview may result in immediate termination. I further understand that if I am hired, I am required to abide by all rules and policies of DSW. An offer of employment may be conditioned upon the applicant's submitting to a pre-employment drug screening.

If my employment is terminated as a result of conduct involving dishonesty (e.g., theft, discount abuse, and similar conduct), I authorize DSW to report that information, along with any statement I might sign admitting the same, to a theft contributory database. I understand that DSW is not responsible for what happens to that information after it is reported. I release DSW and all other persons from any and all liability or damage that may result from such reporting.

I also understand this application will be held for consideration for employment, on active file for a period of 60 days. If I still wish to be considered for employment after 60 days, I will need to fill out a new application.

I agree that I will not file any action, suit or claim relating to my employment by DSW more than six months after the termination of my employment. I expressly waive any statute of limitations to the contrary.

Signature _____

Date _____