



APPLICATION FOR EMPLOYMENT

Please complete all portions of this application in its entirety. The submittal of a resume does not replace the need to complete this application.

This application will remain active for 90 days only.

Position Desired _____ Date _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

NOTICE TO ALL APPLICANTS

Federal Law prohibits the employment of unauthorized aliens. All hired persons must submit satisfactory proof of employment and identify within three (3) days of being hired. Failure to submit such proof within the required time period will result in immediate termination. Any offer of employment that may be made to you is contingent on your submission to satisfactory proof of your identity and legal authorization to work in the United States. If you fail to submit this proof, Federal Law prohibits us from hiring you.

Do you have the legal right to work and remain in the United States? Yes No

Are you at least 16 years of age? Yes No If a minor, do you have a work permit? Yes No

EDUCATION

Type of School	Name of School	Major / Course of Study / Degree	# Of Years Completed	Did You Graduate?	Letter Grade / GPA
High School	Name				
	City State				
College	Name				
	City State				
Other	Name				
	City State				

List relevant or job related honors, professional organizations, school activities and offices held. _____

Professional Licenses _____

Computer Skills _____

Special Skills/Training _____

EMPLOYMENT EXPERIENCE

List places of employment including temporary and permanent BEGIN WITH MOST RECENT OR CURRENT EMPLOYER

Company _____ Starting Job Title _____ Final Job Title _____

Address _____ City _____ State _____ Zip _____

From (mo/yr) _____ To (mo/yr) _____ Supervisor _____ Phone Number _____

Reason for Leaving _____ Starting Salary _____ Final Salary _____

Duties _____

Company _____ Starting Job Title _____ Final Job Title _____

Address _____ City _____ State _____ Zip _____

From (mo/yr) _____ To (mo/yr) _____ Supervisor _____ Phone Number _____

Reason for Leaving _____ Starting Salary _____ Final Salary _____

Duties _____

Company _____ Starting Job Title _____ Final Job Title _____

Address _____ City _____ State _____ Zip _____

From (mo/yr) _____ To (mo/yr) _____ Supervisor _____ Phone Number _____

Reason for Leaving _____ Starting Salary _____ Final Salary _____

Duties _____

Company _____ Starting Job Title _____ Final Job Title _____

Address _____ City _____ State _____ Zip _____

From (mo/yr) _____ To (mo/yr) _____ Supervisor _____ Phone Number _____

Reason for Leaving _____ Starting Salary _____ Final Salary _____

Duties _____

Have you ever been discharged from any employer or forced to resign? Yes No If yes, explain _____

May we contact your present employer at this time? Yes No

GENERAL

Indicate the earliest time and latest time you can work each day. (If unavailable any of these days put an X.)

Earliest Time	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
Latest Time							

Salary/Rate expected _____

Date available to start work _____

I am available for/willing to accept the following type of employment (check all that may apply):

Full Time Part Time Seasonal

Would you be available to work overtime? Yes No Do you have available transportation? Yes No

Have you previously been employed by Shoe Carnival, Inc.? Yes No

Location _____ Dates of Employment _____ Supervisor _____

Reason for Leaving _____

Do you have any relatives employed by Shoe Carnival, Inc.? Yes No Name _____

Relationship _____ Location _____

PROFESSIONAL/PERSONAL REFERENCES

Please provide individuals who may be familiar with your work background or character. Do not list relatives or supervisors named previously.

Name _____ Occupation _____

Telephone Day _____ Telephone Evening _____

Address _____ City/State _____ Zip _____ Years Known _____

Name _____ Occupation _____

Telephone Day _____ Telephone Evening _____

Address _____ City/State _____ Zip _____ Years Known _____

Name _____ Occupation _____

Telephone Day _____ Telephone Evening _____

Address _____ City/State _____ Zip _____ Years Known _____

Name _____ Occupation _____

Telephone Day _____ Telephone Evening _____

Address _____ City/State _____ Zip _____ Years Known _____

UNITED STATES MILITARY SERVICE

Branch _____ From _____ To _____ Current Status _____

Highest Rank Attained _____

Work Duties _____

How did you learn about this opportunity? Check all that may apply.

Walk In Newspaper Sign/Banner Internet Job Board Shoecarnival.com

Referred by _____ Other _____

Have you ever been convicted of a crime, other than a minor traffic violation? Yes No

If yes, list all convictions, dates, nature of offenses and county and state of conviction.

A conviction will not necessarily be a bar to employment. Applicants are not obligated to disclose expunged/concealed juvenile records.

I certify that the information I have provided is true, correct, and complete. I authorize an investigation of all statements contained in my application for employment, and understand that any false or misleading statements or material omissions may be cause for refusal to hire or termination of employment, if I am employed. I also authorize Shoe Carnival, Inc. to make such investigation of my educational, criminal record, and related matters as may be necessary to make its employment decision.

I hereby authorize former and present employers, unless I have indicated otherwise in writing, as well as schools, references, and others to provide or verify any information they have regarding me or my employment with them to an official representative of Shoe Carnival, Inc. I also release them from any liability from providing such information to Shoe Carnival, Inc.

I agree and understand that, except as governed by applicable federal, state or local law, my offer of employment or employment establishes no guarantee or promise or contract of continued employment or any other obligation on the part of Shoe Carnival, Inc. beyond pay for actual work performed. I also agree and understand that, except as governed by applicable federal, state or local law, the employment relationship may be terminated at any time by myself or Shoe Carnival, Inc., at either parties' option and will.

Signature _____ Date _____

Shoe Carnival Inc, is an Equal Opportunity Employer, and does not discriminate in hiring on the basis of race, color, religion, gender, national origin, age, disability, veteran status, or status in any other protected group.