

# **JOB APPLICATION**

## **Fitter/ Retail Sales Consultant (Part-Time)**

**Bra~vo intimates**  
29732 Woodward Ave, Royal Oak, Michigan 48073  
248-582-7286

Bra~vo Intimates is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below.*

**Date of Application:**     \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Applicant Information**

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### **Employment Position**

How did you hear of this position? \_\_\_\_\_  
What days are you available for work? (circle)     

T	W	TH	F	Sat

  
What hours are you available for work each day? \_\_\_\_\_  
What day will you start? \_\_\_\_\_  
Do you have reliable transportation to and from work? \_\_\_\_\_

### **Personal Information**

Have you ever applied to or worked for Bra~vo intimates before? (circle)     Yes     No

If yes, when? For what position?

Do you have any friends, relatives, or acquaintances working for Bra~vo intimates?     Yes     No

If yes, state name & relationship:

Are you a U.S. citizen or approved to work in the United States? (circle) Yes No

What document(s) will you provide as proof of citizenship or legal status?

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Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

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*(Note: Bravo intimates complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)*

### **Education and Training**

#### **High School**

Name	Location (City, State)	Year Graduated	Degree Earned

#### **College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

#### **Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

#### **Military:**

Are you a member of the Armed Services? Y / N

What branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

#### **Previous Employment** (please list most recent first):

**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**I agree that all information that I have entered above is an accurate and honest portrayal of my background, experience, and education. I understand that any false information knowingly given is grounds for dismissal.**

**AT-WILL EMPLOYMENT**

The relationship between you and the Bra~vo intimates is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Bra~vo intimates. No representative of Bra~vo intimates has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

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

Dated: \_\_\_\_\_