



# STUART DEAN COMPANY, INC. EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, creed, national origin, ancestry, alienage or citizenship status, age, disability, gender (including pregnancy, childbirth and related medical conditions), sexual orientation, genetic information/characteristics, veteran or military status, marital status, or any other characteristic protected by applicable federal, state or local laws.

We will endeavor to make a reasonable accommodation/modification to the known physical or mental limitations of a qualified applicant with a disability to assist in the hiring process, unless the accommodation would impose an undue hardship on the operation of our business, in accordance with applicable federal, state and local law. If you believe you require such assistance to complete this form or to participate in the interview process, please contact Human Resources at 212-273-6900.

*Stuart Dean Co., Inc. is subject to Chapters 29-38 of Title 28 of the General Laws of the State of Rhode Island and is therefore covered by the state's workers' compensation law.*

### **THIS EMPLOYMENT APPLICATION IS NOT AN EMPLOYMENT CONTRACT.**

#### GENERAL INFORMATION

|  |            |          |                                      |
|--|------------|----------|--------------------------------------|
| LAST NAME  | FIRST NAME | M.I.     | DATE                                 |
| STREET ADDRESS   |            |          | EMAIL ADDRESS                        |
| CITY   | STATE      | ZIP CODE | HOME PHONE                           |
| <b>ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form I-9.</small> |            |          | OTHER PHONE (If applicable)          |
|  |            |          | WHEN WILL YOU BE ABLE TO BEGIN WORK? |

IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT  Yes  No

DO YOU HAVE A VALID DRIVER'S LICENSE?  Yes  No DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

#### EMPLOYMENT INFORMATION

POSITION DESIRED \_\_\_\_\_  FULL TIME  PART TIME  TEMPORARY HOURS DESIRED \_\_\_\_\_

REFERRED BY  Newspaper Ad  Employment Agency  College Recruitment  Walk-In  Job Fair  Other \_\_\_\_\_

STUART DEAN EMPLOYEE EMPLOYEE'S NAME: \_\_\_\_\_

IS THERE ANYTHING THAT WOULD PREVENT YOU FROM WORKING ANY DAY OR TIME OF THE WEEK OR REGULARLY WORKING OVERTIME  Yes  No **If yes, please specify the reasons**

**It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.**

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

HAVE YOU EVER BEEN EMPLOYED BY US?  Yes  No **If yes, give date, location, title, name of supervisor and reason for leaving.**

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

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US?  Yes  No **If yes, give date** \_\_\_\_\_

**PERSONAL REFERENCES**

PLEASE LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO PROFESSIONAL REFERENCES WHO HAVE KNOWLEDGE OF YOUR CAPABILITY TO PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING. PLEASE EXCLUDE RELATIVES AND FORMER EMPLOYERS.

|      |       |         |             |
|------|-------|---------|-------------|
| Name | Title | Address | Telephone # |
|      |       |         |             |
| Name | Title | Address | Telephone # |
|      |       |         |             |
| Name | Title | Address | Telephone # |
|      |       |         |             |

**EDUCATIONAL HISTORY**

|   | NAME AND LOCATION | COURSE OF STUDY | DEGREE/DIPLOMA/GED (Yes or No) |
|---|-------------------|-----------------|--------------------------------|
| HIGH SCHOOL                                 |                   |                 |                                |
| COLLEGE                                     |                   |                 |                                |
| GRADUATE SCHOOL                             |                   |                 |                                |
| OTHER SCHOOLING (VOCATIONAL, POST-GRADUATE) |                   |                 |                                |

**EMPLOYMENT HISTORY**

**Instructions for completing this section: Please print and list all prior employers, beginning with your PRESENT or MOST RECENT employer.** Please attach additional sheets to this application if necessary. Complete all requested information in full. DO NOT include present or salary history information, including bonus, commissions, etc. Please include as part of your employment history any verified work performed on a volunteer basis and/or work performed while in the military that is job-related to the position for which you are applying.

| <b>EMPLOYER (first most recent)</b> |       | <b>EMPLOYER (second most recent)</b> |       |
|-------------------------------------|-------|--------------------------------------|-------|
| Address                             |       | Address                              |       |
| City                                | State | City                                 | State |
| Date Employed                       | To    | Date Employed                        | To    |
| From                                | Phone | From                                 | Phone |
| Supervisor                          |       | Supervisor                           |       |
| Positions Held                      |       | Positions Held                       |       |
| Duties                              |       | Duties                               |       |
| Reason For Leaving                  |       | Reason For Leaving                   |       |
| <b>EMPLOYER (third most recent)</b> |       | <b>EMPLOYER (fourth most recent)</b> |       |
| Address                             |       | Address                              |       |
| City                                | State | City                                 | State |
| Date Employed                       | To    | Date Employed                        | To    |
| From                                | Phone | From                                 | Phone |
| Supervisor                          |       | Supervisor                           |       |
| Positions Held                      |       | Positions Held                       |       |
| Duties                              |       | Duties                               |       |
| Reason For Leaving                  |       | Reason For Leaving                   |       |

PLEASE INDICATE ANY JOB-RELATED SKILLS AND QUALIFICATIONS YOU POSSESS WHICH WOULD HELP YOU PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING.

To the extent required by applicable law, the Company maintains a smoke-free workplace.

**Massachusetts Applicants:**

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

**Maryland Applicants:**

**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.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**APPLICANT'S STATEMENT**

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unless I noted otherwise, I authorize the Company to contact all my employment references and personal references, as well as the education institutions I have attended. I further authorize the Company to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release the Company and all affiliated persons and entities, as well as any person or institution that provides the Company with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

If hired, I agree to become familiar with all of the policies and guidelines of the Company. I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand **that to the extent consistent with applicable law, my employment may be terminated with or without cause and with or without notice at any time, at the will of the Company or me. I further understand that no representative or agent of the Company, other than the President and CEO, has the authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the foregoing. I also understand that any agreement modifying my at-will employment status must be in writing and signed by the President and CEO.** In addition, I understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

**CALIFORNIA APPLICANTS ONLY:** I understand the Company may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, I waive my right to receive copies of public records obtained by the Company.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

***I, \_\_\_\_\_ (applicant's name), hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to Stuart Dean.***

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*