

# Employment Application Form

PANDORA at St. Louis Galleria  
 1457 St. Louis Galleria  
 St. Louis, MO 63117-1112

Tel: (314) 558-0674

Fax: (314) 726-2285

**APPLICANTS MAY BE SUBJECTED TO BACKGROUND AND ILLEGAL DRUG TESTS**

**PLEASE COMPLETE PAGES 1-4.**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Present address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Please be specific)

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
 \_\_\_\_\_



### APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?      \_\_\_ Yes    \_\_\_ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?      \_\_\_ Yes    \_\_\_ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates  From  To	Pay or salary  Start  Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present or former employers?  Yes  No

I authorize Pandora St. Louis to make an investigation of all information contained in this application and I release from liability all entities supplying such information. I authorize this company to request credit reports and other reports deemed necessary to qualify my suitability for employment through various third party sources. I hereby agree to submit to any drug test required of me, whether prior to my employment or, if employed by this company, at any time thereafter.

I have read and understand the above:

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