AMK Inc. dba SKYLINE PENTHOUSE

**PRE-INTERVIEW FORMS**

**1. Completing the APPLICATION**

The Application must be completed in its entirety. Please ensure that the following areas are completed:

• Date of the application

• Have you ever been discharged from a job?

Please do not write "See Resume" for the career history. This entire section must be completed for the application to be acceptable.

**2. Completing the REFERENCE FORM**

Provide a work, mobile, home phone number and email address for all references when available.

www.SkylinePenthouse.com

**Employment Application**

**SKYLINE PENTHOUSE**

An equal opportunity employer, Skyline Penthouse does not discriminate in hiring or terms and conditions of employment because of an individual’s race, color, religion, gender, gender identity, national origin, citizenship, age, disability, sexual orientation, marital status or any other protected category recognized by state, federal or local laws. Skyline Penthouse only hires individuals authorized for employment in the United States.

 / /

Date of Application

Position Desired: Schedule Desired: o Full Time o Part Time

o Temporary/Seasonal

Date Available: / /

**Each inquiry on this application must be fully answered or completed. Otherwise, you will not be considered for employment.**

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| **Personal Information** |
| Last Name | First Name | Middle Name | Are you authorized for employment in the U.S.?o Yes o No |
| Present Street Address | City State Zip | How Long have you lived there? Yrs. Mos. |
| Previous Street Address | City State Zip | How long did you live there? Yrs. Mos. |
| Home Phone Number (including Area Code) | Email Address | Are you under the age of 18?o Yes o No |

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| **Education** |
| Type of School | Name and Location of School | Degree/Area of Study | Number of YearsAttended | Graduated(Check One) |
| HIGH SCHOOL | Name |  |  | o Yes o No |
| City State |
| COLLEGE | Name |  |  | o Yes o No |
| City State |
| OTHER | Name |  |  | o Yes o No |
| City State |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | Name and Address of Employer | Position Held and Supervisor | List Major Duties | reason for Leaving |
| From: / Mo. Yr.To: / Mo. Yr. | Name | Your Job Title |  |  |
| Address |
| Phone | Supervisor |
| From: / Mo. Yr.To: / Mo. Yr. | Name | Your Job Title |  |  |
| Address |
| Phone | Supervisor |
| From: / Mo. Yr.To: / Mo. Yr. | Name | Your Job Title |  |  |
| Address |
| Phone | Supervisor |
| From: / Mo. Yr.To: / Mo. Yr. | Name | Your Job Title |  |  |
| Address |
| Phone | Supervisor |

Have you ever been discharged or asked to resign from a job(s)? o Yes o No If yes, please provide details, including place(s) of employment, location(s), date(s), supervi- sor’s name(s), and circumstances of the discharge(s) or resignation(s):

**Academic and Professional Activities and Achievements**

Academic and Professional Activities and Achievements, Awards, Publications or Technical-Professional Societies, indicate type or name. Exclude organizations which indicate race, color, gender, sexual orientation, gender identity, age, religion, disability, marital status, national origin or any other protected category recognized by state, federal or local laws of its members.

Other skills applicable to position applied for (e.g. computer proficiency) What languages do you speak fluently?

**Special Skills**

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| **Miscellaneous** |
| Is there any additional information involving a change of your name or assumed name that will permit us to check your work record? |
| A good attendance record is an important part of every associate’s overall performance. Do you know of any reason you may not be able to comply with Limited Brands’ attendance policy? |

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| **Person to Contact in case of Emergency** |
| This information is to facilitate contact in the event of any emergency and is not used in the selection process. |
| Full Name | Address | Phone |

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| --- |
| **Availability** |
|  | SUN | MON | TUE | WED | THUR | FRI | SAT |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |

Start date:

End date:

Min # hours available weekly:

Max. # hours available weekly:

Available start date:

***Will you be available to work:*** Thanksgiving (week) o Yes o No Christmas (week prior) o Yes o No

Christmas (week of) o Yes o No Other

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| **Please Read this Statement Carefully** |
| I hereby affirm that the information given by me on the application for employment is complete and accurate. I understand that any falsification or omission either on this application, or otherwise providing false information to the Company will be immediate grounds for dismissal, no matter when the falsification or omission is discovered. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, personal characteristics, employment, education, and criminal record, whichever may be applicable for employment purposes. I understand this investigation may include personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, and others with whom I am acquainted. I further understand I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of the nature and scope of the investigation.It is my understanding that as a prerequisite to consideration for employment, I must agree to submit to any post-employment examinations, physical or other, as the Company may lawfully require.The Company will pay the reasonable cost of any such examination(s) which may be required.If I am hired, I agree that my employment and compensation can be terminated with or without cause, and without notice at any time, at the option of Limited Brands or myself. I understand that, unless modified in written agreement signed by both me and the Vice President of Human Resources or the President of Limited Brands, Inc., no representative of Limited Brands, Inc. or its subsidiaries has the authority to make any agreement for employment for a specified time or to make any other agreement contrary to the foregoing. |
| I have read and affirm as my own the above statements. | Applicant’s Signature Date |

**Fair Credit Reporting Act Disclosure and Authorization (Consumer Reports)**

**Disclosure of Intent to obtain Consumer Reports or Investigative Consumer Reports.**

For employment purposes in accordance with the Fair Credit Reporting Act and applicable law, Ana Maria Kim, Inc. dba Skyline Penthouse (the “Company”) may obtain consumer reports, or investigative consumer reports, in connection with your employment application or from time to time during employment. Consumer reports include record checks conducted by consumer reporting agencies and may include driving records, criminal records, credit records, etc. Investigative consumer reports include investigations conducted by consumer reporting agencies through personal interviews (or through *any* means in California) on information as to character, general reputation, personal characteristics, or mode of living. You may make a written request for a summary of FCRA consumer rights and a disclosure of the nature and scope of an investigation. A disclosure of the nature and scope of such investigation is provided below.

**Disclosure of Nature and Scope of Investigation for Investigative Consumer Report.**

If we request an investigative consumer report in connection with your employment application, a consumer reporting agency will prepare such a report based on the following investigation: The agency may interview your former employers, business references, and/or personal references for information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The agency may also conduct a record check of driving, criminal, credit, education, degrees, professional licenses, and/or certification records, depending on the job position. Such a report, or a credit report (if applicable), will be obtained from the following consumer reporting agency: General Information Services, P.O. Box 353, Chapin, South Carolina, [29036, 1-866-265-4917, www.geninfo.com.](http://www.geninfo.com/)

**Authorization**

I authorize the procurement of consumer reports and/or investigative consumer reports by the Company as part of the pre-employment background investigation and at any time during my employment.

SIGNATURE DATE

PRINT NAME

IF YOU SEEK A COPY OF A REPORT, PLEASE FILL OUT ADDRESS, CITY, STATE, AND ZIP:

STREET ADDRESS CITY STATE ZIP

**REFERENCE FORM**

Candidate’s Name:

Date:

Phone: E-Mail:

Please list three professional references:

• One reference must be a current or previous supervisor (someone who has managed you).

• The other two references can be: a supervisor, a peer (someone in your same position) or a subordinate

(someone you have managed).

**Supervisor Reference:**

Name:

Title/Company:

Work Location (City, State):

Relationship:

Cell Phone: Home Phone:

Work Phone: E-Mail:

Length of time known?

**Reference 2:**

Name:

Title/Company:

Work Location (City, State):

Relationship:

Cell Phone: Home Phone:

Work Phone: E-Mail:

Length of time known?

**Reference 3:**

Name:

Title/Company:

Work Location (City, State):

Relationship:

Cell Phone: Home Phone:

Work Phone: E-Mail:

Length of time known?