

Corporate  
 State #:



**EMPLOYMENT APPLICATION**

WET SEAL / ARDEN B.

The Wet Seal Inc. is an equal employment opportunity employer. The company does not discriminate on the basis of race, color, creed, religion, ancestry, marital status, gender, gender identity, pregnancy, sex, sexual orientation, national origin, political affiliation, military status, age or mental/physical disability, or any other protected status in accordance with applicable federal, state and local laws.

<b>PERSONAL INFORMATION (Please Print)</b>		OTHER NAMES USED	
FULL NAME (last, first, middle)		PHONE NUMBER ( ) - ( ) - ( )	
PERMANENT ADDRESS (Street, City, State, Zip)		CELL NUMBER ( ) - ( ) - ( )	
TEMPORARY ADDRESS (Street, City, State, Zip) if applicable	E-MAIL ADDRESS	SALARY EXPECTED <input type="checkbox"/> annually <input type="checkbox"/> hourly	
POSITION DESIRED	DATE AVAILABLE		
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Those hired under age 18 will be required to obtain a work permit, based on State law.</small>		ARE YOU APPLYING FOR <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL	
HAVE YOU EVER BEEN EMPLOYED BY THE WET SEAL, INC.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" Indicate	POSITION LOCATION DATES WORKED REASON FOR LEAVING:
LIST ANY FRIENDS AND/OR RELATIVES CURRENTLY EMPLOYED WITH THE WET SEAL, INC.	NAME	RELATIONSHIP	
	NAME	RELATIONSHIP	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING EITHER WITH OR WITHOUT REASONABLE ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
FOREIGN LANGUAGES SPOKEN/WITTEN	DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>EMPLOYMENT HISTORY (Start with your most recent job, account for all time including periods of unemployment)</b>			
COMPANY NAME	SUPERVISOR	DATES (FROM-TO)	JOB TITLE
CITY/STATE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER ( ) - ( ) - ( )	SALARY \$ <input type="checkbox"/> annually <input type="checkbox"/> hourly
DESCRIBE YOUR DUTIES		REASON FOR LEAVING	
COMPANY NAME	SUPERVISOR	DATES (FROM-TO)	JOB TITLE
CITY/STATE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER ( ) - ( ) - ( )	SALARY \$ <input type="checkbox"/> annually <input type="checkbox"/> hourly
DESCRIBE YOUR DUTIES		REASON FOR LEAVING	
COMPANY NAME	SUPERVISOR	DATES (FROM-TO)	JOB TITLE
CITY/STATE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER ( ) - ( ) - ( )	SALARY \$ <input type="checkbox"/> annually <input type="checkbox"/> hourly
DESCRIBE YOUR DUTIES		REASON FOR LEAVING	
COMPANY NAME	SUPERVISOR	DATES (FROM-TO)	JOB TITLE
CITY/STATE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER ( ) - ( ) - ( )	SALARY \$ <input type="checkbox"/> annually <input type="checkbox"/> hourly
DESCRIBE YOUR DUTIES		REASON FOR LEAVING	
COMPANY NAME	SUPERVISOR	DATES (FROM-TO)	JOB TITLE
CITY/STATE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER ( ) - ( ) - ( )	SALARY \$ <input type="checkbox"/> annually <input type="checkbox"/> hourly
DESCRIBE YOUR DUTIES		REASON FOR LEAVING	
PLEASE LIST AND EXPLAIN ALL PERIODS OF UNEMPLOYMENT DURING THE LAST FIVE YEARS	FROM	TO	REASON FOR UNEMPLOYMENT
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain the circumstances:			