



Application for Employment

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, heights, weight, marital status, sexual orientation, or veteran status.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you 18 years or older? _____ Are you legally authorized to work in the U.S.? _____

How many hours are you looking to work per week? _____ Position Desired: _____

Education

Name of High School: _____ Year of Graduation: _____

Name of College/Trade School: _____

Highest Level Completed: _____ Year Completed: _____

Special areas of Study: _____

Extra Curricular Activities (please note any leadership positions held): _____

Other Relevant Education: _____

YEAR ROUND
DOWNTOWN KALAMAZOO
203 E. MICHIGAN AVENUE
KALAMAZOO, MI 49007
(269) 344-2404
WWW.DRESSLIKEYOU.COM

SEASONAL
RIVERTOWN CROSSINGS MALL
3700 RIVERTOWN PARKWAY S.W.
GRANDVILLE, MI 49418
(269)443-2377
WWW.DRESSLIKEYOU.COM

Employment

If you are currently employed, why do you want to change jobs? _____

Have you ever been terminated or asked to resign from a position? Yes No

If yes, please explain: _____

Please list your last three jobs, most recent first:

Employer: _____ Position Held: _____

Responsibilities: _____

Supervisor w/ title: _____ Phone: _____

Dates of Employment: _____ Pay: _____

Reason for Leaving: _____

Employer: _____ Position Held: _____

Responsibilities: _____

Supervisor w/ title: _____ Phone: _____

Dates of Employment: _____ Pay: _____

Reason for Leaving: _____

Employer: _____ Position Held: _____

Responsibilities: _____

Supervisor w/ title: _____ Phone: _____

Dates of Employment: _____ Pay: _____

Reason for Leaving: _____

List any employers who you do not wish us to contact: _____

I hereby give my permission to contact my listed employers regarding my dates of employment, job duties, rates of pay, and work performance.

Signed: _____

Date: _____

Short Answer

Why would you like to work at The Prom Shop by Memories?

What makes you an ideal employee for The Prom Shop by Memories?

Describe any retail/sales/formal wear experience you may have.

Describe any sewing/alterations experience you may have.

Is there anything else you would like to share with us?

Indicate unavailable hours with an “Unavailable”

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am - 10am							
10am - 11am							
11am - 12pm							
12pm - 1pm							
1pm - 2pm							
2pm - 3pm							
3pm - 4pm							
4pm - 5pm							
5pm - 6pm							
6pm - 7pm							
7pm - 8pm							
8pm - 9pm							
9pm - 10pm							

Do you have commitments to another employer or school that may affect your employment with us?

If yes, please elaborate (team sports, other employment, class schedules, etc.):

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further hereby release Memories Evening Wear, LLC (Memories) from all liability for any damage that may result from utilization of such information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at anytime with or without cause. It is further understood that "at-will" this employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

I agree that any lawsuit against Memories Evening Wear, LLC and or its agents arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Rights to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within 180 days of the event(s) giving rise to the claim, or the time limit specified by the statute, whichever is shorter. I waive any state of limitation that exceeds this time limit.

If, due to a physical or mental disability, I require an accommodation to perform the job for which I may be selected, I understand that I must give Memories written notice of that need within 182 days after I know or reasonably should have known that an accommodation is needed. Failure to do so may bar me from alleging that Memories has not accommodated me as required by law.

In the event of employment, I understand that false, misleading or the omission of information given in my application or interview(s) may result in discharge. I understand that, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date