

Z Gallerie is an Equal Opportunity Employer; hiring decisions are based on position availability, applicant's job qualifications and applicant's schedule availability without regard to ethnicity, ancestry, religion, gender, age, disability or other protected categories as determined by federal and state laws.

Section 1: Applicant's Personal Information

Last Name:		First Name:		MI:	
Present Address:			How long at this address?		Yrs. Mo.
City:		State:		Zip:	
Phone 1: ()		Phone 2: ()		Email:	
Previous Address:			How long at this address?		Yrs. Mo.
City:		State:		Zip:	
A. If hired, would you have a reliable means of transportation to, and from, work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
B. Have you applied to, or worked for, Z Gallerie in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where/when?					
C. Do you have any friends or family working for Z Gallerie? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, state name, location & relation:					

Section 2: Preferred Position Information

Preferred Work Location(s):		Desired Position:	
Desired Start Date:		Desired Salary:	
Please indicate desired employment classification: <input type="checkbox"/> Full-Time (30+ hours/week) <input type="checkbox"/> Part-Time (0-29 hours/wk) <input type="checkbox"/> Seasonal			
If applying for seasonal or temporary employment, please list period you are available to work: to:			
Can you perform all essential duties of the desired position? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			
♦ Important: Z Gallerie complies with all aspects of the Americans with Disabilities Act of 1990 (ADA) and considers reasonable measures or accommodations to assist eligible applicants/employees perform essential duties. In addition, employment offers may be subject to passing skill or agility tests or medical certification.			
Hours Available to Work: (Minimum weekly hours desired):		(Maximum weekly hours desired):	
Mondays	Tuesdays	Wednesdays	Thursdays
<input type="checkbox"/> Any shift <input type="checkbox"/> Not available <input type="checkbox"/> List:	<input type="checkbox"/> Any shift <input type="checkbox"/> Not available <input type="checkbox"/> List:	<input type="checkbox"/> Any shift <input type="checkbox"/> Not available <input type="checkbox"/> List:	<input type="checkbox"/> Any shift <input type="checkbox"/> Not available <input type="checkbox"/> List:
Fridays	Saturdays	Sundays	
<input type="checkbox"/> Any shift <input type="checkbox"/> Not available <input type="checkbox"/> List:	<input type="checkbox"/> Any shift <input type="checkbox"/> Not available <input type="checkbox"/> List:	<input type="checkbox"/> Any shift <input type="checkbox"/> Not available <input type="checkbox"/> List:	
Please record any additional scheduling considerations:			

Section 3: Permission to Work

A. If hired, can you present evidence of your U.S. Citizenship or your legal right to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Will you now, or in the future, require sponsorship for employment visa status (e.g., H1-B Status)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Are you at least 18 years of age? (If under 18, you may be required to provide work permit prior to working)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4: Employment History Information

Employer 1:	Phone Number:
Address:	Employment Dates: <i>Start:</i> mm yy <i>End:</i> mm yy
City: State: Zip:	Salary History: <i>Start:</i> <i>End:</i>
Supervisor(s):	Supervisor's Title:
Your Position Title: <i>Starting:</i> <i>Most Recent:</i>	
Job Duties & Responsibilities:	
Reason for Leaving: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer 2:	Phone Number:
Address:	Employment Dates: <i>Start:</i> mm yy <i>End:</i> mm yy
City: State: Zip:	Salary History: <i>Start:</i> <i>End:</i>
Supervisor(s):	Supervisor's Title:
Your Position Title: <i>Starting:</i> <i>Most Recent:</i>	
Job Duties & Responsibilities:	
Reason for Leaving: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer 3:	Phone Number:
Address:	Employment Dates: <i>Start:</i> mm yy <i>End:</i> mm yy
City: State: Zip:	Salary History: <i>Start:</i> <i>End:</i>
Supervisor(s):	Supervisor's Title:
Your Position Title: <i>Starting:</i> <i>Most Recent:</i>	
Job Duties & Responsibilities:	
Reason for Leaving: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 5: References *(Please provide three professional references with whom or for whom you worked longer than one year)*

Name:	Company or How Acquainted:	Position:	Years Acquainted:	Phone Number:

Section 6: Education & Training Information

School Type:	Name & Address:	Courses Studied or Major:	Degree Received:

Section 7: Additional Employment, Education or Training History

- A. Can you speak, write, read or understand any foreign language(s)? ☐ Yes ☐ No If yes, please list:
- B. Did you obtain any special skills/abilities from serving in the military? ☐ Yes ☐ No If yes, please explain:
- C. Do you have experience with computer programs, cash registers, ten-key or other office tools that may prove useful to preferred position? ☐ Yes ☐ No If yes, please explain:
- D. Did you receive any additional training relevant to preferred position? ☐ Yes ☐ No If yes, please explain:
- E. Do you have any additional experience, training, qualifications or skills that make you especially suited to work for Z Gallerie? ☐ Yes ☐ No If yes, please explain:

Section 8: More About You

- A. Why are you interested in working for our company?
- B. What strengths would you bring to our company?
- C. What did you NOT like about your previous positions or jobs?

Section 9: Additional Inquiries

A. Were you dismissed or forced to resign from any employment? If yes, please explain:

☐ Yes ☐ No

♦ Important: If applying for a position within the City of San Francisco, DO NOT answer Question B in this section.

B. Have you been convicted of a felony within the last ten (10) years?

☐ Yes ☐ No

You do not need to disclose any sealed, expunged or legally eradicated conviction. Please seek legal counsel if you are unsure what constitutes a conviction or if it should be listed. A conviction will not necessarily disqualify you from employment.

If yes, please explain:

Section 10: Referral Source

▪ How did you hear about the position?

☐ Walk-In Applicant / Window Sign

☐ Newspaper Ad

☐ Job Fair / School / College:

☐ Employee Referral (Name and Location):

☐ Website Job Source (which site?):

☐ Other (please explain):

Section 11: Applicant's Statement

Please carefully read the information below and sign & date application:

I certify I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers I have provided are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the amount of time that has lapsed before discovery.

In addition, I understand that nothing contained in the application, or conveyed during any employment interview or, if hired, during my employment is intended to create an employment contract between me and the company. I understand and agree that if employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at either my option or the company's option and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature:

Date:

Applications are considered for **six months**. If you have not been hired within six months of submitting this application and you wish to continue to be considered for employment, please submit another application.



EEO-1 Voluntary Self-Identification Form

Z Gallerie is required by federal law to collect the following information for equal opportunity employment purposes. **Completing this form is entirely voluntary.**

The information you provide will remain confidential and will **not** affect your application for employment. This form is used for EEO-1 reporting purposes only. When reported, the data will not identify any specific individual. In addition, if hired by Z Gallerie, this information will **not** become part of your personnel record.

Section 1: Applicant to Complete

Applicant Name:

Gender: ☐ Female ☐ Male ☐ Decline to Identify

Race/Ethnicity:

(Please check one of the descriptions below that corresponds to the ethnic group with which you identify.)

- ☐ American Indian/Alaskan Native (Not Hispanic or Latino)
- ☐ Asian (Not Hispanic or Latino)
- ☐ Black or African American (Not Hispanic or Latino)
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- ☐ White or Caucasian (Not Hispanic or Latino)
- ☐ Two or more races (Not Hispanic or Latino)
- ☐ Decline to Identify

Section 2: Supervisor or Employer to Complete

Supervisor: Record position applicant applied for.

Store Categories:

- ☐ Management
- ☐ Sales
- ☐ Non-Sales
(i.e., visual, stock, cashier)

DC & Office Categories:

- | | |
|---|---|
| <input type="checkbox"/> Executive/senior level
officials & managers | <input type="checkbox"/> Sales workers |
| <input type="checkbox"/> First/mid-level managers | <input type="checkbox"/> Administrative support |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Operatives |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Laborers and helpers |
| | <input type="checkbox"/> Service workers |

Supervisor Name:

Date: