

EMPLOYMENT APPLICATION



LifeStyles Stores, Inc. is an Equal Opportunity Employer. Workforce diversity is an essential part of LifeStyle's commitment to quality and to the future. We encourage you to apply, whatever your race, gender, color, religion, national origin, age, disability, marital status, sexual orientation, or veteran status. If you need an accommodation to participate in the application process, please let us know.

We do not discriminate on the basis of race, sex, color, age, national origin, disability, or any other protected status. We base our hiring decisions on a variety of factors including skills and ability to perform the job, prior employment experience, employment references as to character and willingness to work, willingness to accept the offered pay, and personal interviews.

Applicant Information

Last Name	First	Middle Initial
-----------	-------	----------------

Street Address		Apartment/Unit #
City	State	ZIP

Phone Number	E-mail
--------------	--------

Are you over the age of 18? Yes ☐ No ☐	If offered employment, can you submit evidence of your legal right to work for the company in the U.S.? Yes ☐ No ☐
---	--

Position Applied for

Have you ever worked for this company? Yes ☐ No ☐ If yes, when?

Education

High School	City, State
Degree	Did you graduate? Yes ☐ No ☐

College	City, State
Degree	Did you graduate? Yes ☐ No ☐

Other	City, State
Degree	Did you graduate? Yes ☐ No ☐

U.S. Military Service

Branch of Service	Rank Attained
-------------------	---------------

Technical Specialization

References

Please list three professional references

Full Name	Relationship
Company	Phone Number
Address	City, State

Full Name	Relationship
Company	Phone Number
Address	City, State

Full Name	Relationship
Company	Phone Number
Address	City, State

Previous Employment

Company		Phone Number
Address		Supervisor
Job Title	When did you start/leave?	
Responsibilities		
Reason for leaving		
May we contact your previous supervisor for a reference? Yes ☐ No ☐		

Company		Phone Number
Address		Supervisor
Job Title	When did you start/leave?	
Responsibilities		
Reason for leaving		
May we contact your previous supervisor for a reference? Yes ☐ No ☐		

Company		Phone Number
Address		Supervisor
Job Title	When did you start/leave?	
Responsibilities		
Reason for leaving		
May we contact your previous supervisor for a reference? Yes ☐ No ☐		

Certification

Please read the following statements carefully before signing this application.

I affirm that I am filling out and/or completing this application because I am sincerely interested in being hired by LifeStyles Stores, Inc.

I certify that all statements I have made on this application, on my resume, or other supplementary materials are true and correct. I hereby authorize LifeStyles Stores, Inc. to investigate the accuracy of this information from any person or company, and I release LifeStyles Stores, Inc. and all persons and organizations from all claims or liabilities of any nature arising from such investigations or the supplying of information for such investigations. I understand that if I am being considered for a position which requires driving a Company vehicle, a report examining my driving record may also be requested, and I similarly release all persons and organizations from all claims or liabilities of any nature arising from such examination or the supplying of information for such examination. I acknowledge that any false statement, significant omission, or misrepresentation on this application or supplementary materials will cause for refusal to hire or, if employment has already begun, for immediate dismissal at any time during the period of my employment.

I will regard and preserve as confidential, and will not divulge to unauthorized persons, or use for unauthorized purposes, either during or after the term of my employment, any information, matter or thing of a then secret, confidential, or private nature connected with the business of LifeStyles Stores, Inc. without the written consent of an officer of LifeStyles Stores, Inc.. Similarly, I represent and agree that I have not and will not improperly disclose to LifeStyles Stores, Inc. any confidential business information, trade secrets, or proprietary information belonging to any former employer or other party.

I am in agreement with LifeStyles Stores, Inc.'s policy of equal opportunity in all phases of employment without regard to race, gender, color, religion, national origin, age, veteran's status, marital status, or disability.

I also understand that if employment is offered and accepted, such employment is not for any specified term and can be terminated at any time, with or without cause and with or without notice, by either LifeStyles Stores, Inc. or me.

I understand that, if offered employment, I must submit documents to verify my identity and authorization to work for LifeStyles Stores, Inc. in the United States and that failure to submit such documents will preclude me from beginning employment with LifeStyles Stores, Inc. and may result in withdrawal of LifeStyles Stores, Inc.'s offer of employment to me, or, if employment has begun, will result in the termination of my employment. I certify that any documents I furnish to verify my identity and authorization to work for LifeStyles Stores, Inc. in the United States will be authentic and will relate to me.

I understand additional documentation will be required as a pre-condition for employment and that I may be required to submit to a drug screen, pre-employment physical and background security check. I understand and agree that my completion of this form does not guarantee that LifeStyles Stores, Inc. will offer me employment. I further understand and agree that if I am hired, I am required to read and abide by all rules and regulations of LifeStyles Stores, Inc. governing the conduct of its employees, including those set forth in LifeStyles Stores, Inc.'s Employee Handbook.

I understand that this application, and other LifeStyles Stores, Inc. paperwork, may be used interchangeably regardless of where LifeStyles Stores, Inc. locates employees, and I understand that LifeStyles Stores, Inc. is a subscriber under the Oklahoma Workers' Compensation Act for covered employees in that state.

Your signature reflects that you have read and understood all of the above statements and conditions of employment. Your signature further reflects that you understand and agree that any material misrepresentation or deliberate omission of the facts provided to LifeStyles Stores, Inc. by you will justify LifeStyles Stores, Inc. in terminating its consideration of your application for employment, or, if employment has begun, terminating your employment.

Signature of Applicant	Date
------------------------	------

