

## GENERAL INFORMATION

Please print in ink and provide all required information.

An Equal Opportunity Employer

| Location/Store #                                                                                                                                                      | Today's Date                                                                                                                                                                                                                                         | Position Desired                                                                                                                                                                                                                                         | Date Available for Work |     |     |     |     |     |     |     |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----|-----|-----|-----|-----|-----|-----|--|--|--|--|--|--|--|
| I am interested in:<br><input type="checkbox"/> Full time – 32-40 hrs<br><input type="checkbox"/> Part time – 0-31 hrs<br><input type="checkbox"/> Seasonal/Temporary | Last 4 Digits of SSN                                                                                                                                                                                                                                 | Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you are not at least 18 years of age can you produce proof of your age and ability to work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                         |     |     |     |     |     |     |     |  |  |  |  |  |  |  |
| Name (Last, First, Middle)                                                                                                                                            | Please indicate the hours you are available to work, during both day and evening. (e.g., 9:30 am – 5:30 pm, 5 – 10 pm)                                                                                                                               |                                                                                                                                                                                                                                                          |                         |     |     |     |     |     |     |     |  |  |  |  |  |  |  |
| Street Address                                                                                                                                                        | <table border="1"> <thead> <tr> <th>Sun</th> <th>Mon</th> <th>Tue</th> <th>Wed</th> <th>Thu</th> <th>Fri</th> <th>Sat</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                          |                         | Sun | Mon | Tue | Wed | Thu | Fri | Sat |  |  |  |  |  |  |  |
| Sun                                                                                                                                                                   | Mon                                                                                                                                                                                                                                                  | Tue                                                                                                                                                                                                                                                      | Wed                     | Thu | Fri | Sat |     |     |     |     |  |  |  |  |  |  |  |
|                                                                                                                                                                       |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                          |                         |     |     |     |     |     |     |     |  |  |  |  |  |  |  |
| City, State, Zip Code                                                                                                                                                 | (It is your responsibility to notify your supervisor should your availability change)                                                                                                                                                                |                                                                                                                                                                                                                                                          |                         |     |     |     |     |     |     |     |  |  |  |  |  |  |  |
| Telephone (preferred)                                                                                                                                                 | Telephone (alternate)                                                                                                                                                                                                                                | Have you applied to or worked for Charlotte Russe before?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                 |                         |     |     |     |     |     |     |     |  |  |  |  |  |  |  |
| Email Address                                                                                                                                                         | If you have worked for our company before, please state where, when, final position and reason for leaving.                                                                                                                                          |                                                                                                                                                                                                                                                          |                         |     |     |     |     |     |     |     |  |  |  |  |  |  |  |
| Employment Location Desired                                                                                                                                           | Do you have any relatives now employed by our company?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                |                                                                                                                                                                                                                                                          |                         |     |     |     |     |     |     |     |  |  |  |  |  |  |  |
| Salary Desired                                                                                                                                                        | If yes, identify name(s), position and location.                                                                                                                                                                                                     |                                                                                                                                                                                                                                                          |                         |     |     |     |     |     |     |     |  |  |  |  |  |  |  |

## WORK INFORMATION

List ALL previous work experience beginning with your current/most recent position. Do not leave any gaps in your employment history. If you need additional space, please attach additional pages/resume. May we contact your present employer? ☐ Yes ☐ No

|                                         |                     |                                       |
|-----------------------------------------|---------------------|---------------------------------------|
| Employer                                | Starting Position   | Starting Salary                       |
| Address (Street, City, State, Zip Code) | Last Position       | Final Salary                          |
| Supervisor's Name / Title               | Dates of Employment | Start (Month/Year): End (Month/Year): |
| Telephone                               | Reason For Leaving  | Duties                                |

|                                         |                     |                                       |
|-----------------------------------------|---------------------|---------------------------------------|
| Employer                                | Starting Position   | Starting Salary                       |
| Address (Street, City, State, Zip Code) | Last Position       | Final Salary                          |
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|                                         |                     |                                       |
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| Address (Street, City, State, Zip Code) | Last Position       | Final Salary                          |
| Supervisor's Name / Title               | Dates of Employment | Start (Month/Year): End (Month/Year): |
| Telephone                               | Reason For Leaving  | Duties                                |

## EDUCATION & ACHIEVEMENTS

| School | Name & Address of School | Course of Study | Last Year Completed | Diploma/Degree |
|--------|--------------------------|-----------------|---------------------|----------------|
|        |                          |                 | 1 2 3 4             |                |
|        |                          |                 | 1 2 3 4             |                |
|        |                          |                 | 1 2 3 4             |                |

## PROFESSIONAL REFERENCES

|           |       |                |                                  |      |       |     |
|-----------|-------|----------------|----------------------------------|------|-------|-----|
| Reference |       | Street Address |                                  | City | State | Zip |
| Phone     | Email | Job Title      | How acquainted and for how long? |      |       |     |
| Reference |       | Street Address |                                  | City | State | Zip |
| Phone     | Email | Job Title      | How acquainted and for how long? |      |       |     |

## ADDITIONAL EMPLOYMENT INQUIRIES

Have you ever been dismissed or forced to resign from any employment? ☐ Yes ☐ No

*Please be advised that a consumer report or an investigative report may be obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee. This report may contain information bearing your character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. Prior to procuring such a report an authorization will be requested requiring your signature.*

## PERMISSION TO WORK

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Are you able to perform the essential functions of the job, with or without accomodation, for which you are applying? ☐ Yes ☐ No

If no, describe the functions of the job that cannot be performed. (We comply with the ADA and State law and consider reasonable accomodation measures that may be necessary to enable eligible applicants to perform essential functions. Hires may be subject to passing a medical examination and/or skill agility tests.)

## APPLICANT STATEMENT

If I become employed, I agree to abide by the rules and regulations of Charlotte Russe Holding Inc. I understand my employment is at-will. This means I do not have a contract of employment for a particular duration or that it limits the grounds for my termination in any way. I am free to resign at any time. Similarly Charlotte Russe Holding Inc. is free to terminate my employment at any time for any reason. I understand that while personnel policies, programs, and procedures may exist and be changed from time to time, my at-will status could be changed only if I were to enter into any express written contract with Charlotte Russe Holding Inc. explicitly promising me job security containing the words "This is an express contract of employment" and signed by an officer of Charlotte Russe Holding Inc.

All the information I have supplied in this application is a true and complete statement of the facts and if employed, any false statement or omission could result in immediate dismissal. I understand that Charlotte Russe Holding Inc. may share the information in this application with other Charlotte Russe employees for employment and administrative purposes and hereby consent to such a transfer. I further authorize Charlotte Russe Holding Inc. to contact my references, as well as current and previous employers to obtain information on my work history and qualification for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_