



An Equal Opportunity Employer

Employment Application

Date available for work: _____

Today's Date: _____ Location desired: _____

FULL TIME PART TIME TEMPORARY

LAST NAME _____ FIRST _____ MIDDLE INITIAL _____

Are you at least 18 years old? YES NO

STREET ADDRESS _____

Are you legally authorized to work in the United States? YES NO

CITY _____ STATE _____ ZIP _____

Please indicate the number of hours you are available to work during both day and evening shifts for each day.

(_____) (_____)
HOME PHONE CELL PHONE

E-MAIL: _____

SHIFT	SUN	MON	TUES	WED	THURS	FRI	SAT
DAY							
EVENING							

If you have worked for any of the Gymboree brands before, state where, when, final position and reason for leaving*:

NOTE: Should your availability change, it is your responsibility to notify your supervisor.

In order to permit a check of your work and education, have you ever used another name, nickname or alias? Yes No If yes, identify name(s) and relevant date(s): _____

Have you ever applied to any of the Gymboree brands before? If yes, when?*: _____

Do you have any friends or relatives that currently work for the company?
 YES NO
If so, which division or store are they working in?* _____

Pursuant to Section 28-29-6.2 of the Rhode Island General Laws, Gymboree hereby discloses that it is subject to the Workers' Compensation Act.

EMPLOYMENT WITH THE GYMBOREE CORPORATION IS NOT FOR ANY SPECIFIED DURATION AND CONSTITUTES AT-WILL EMPLOYMENT. ACCORDINGLY THE EMPLOYMENT RELATIONSHIP MAY BE TERMINATED BY EITHER THE GYMBOREE CORPORATION OR ME AT ANY TIME, WITH OR WITHOUT ADVANCE NOTICE, AND WITH OR WITHOUT CAUSE

*Please see note on reverse side of this application

Position desired: _____

Minimum salary desired: _____

WORK EXPERIENCE List your previous work experience beginning with your most recent position. You may also list verifiable volunteer work.

EMPLOYER _____

STARTING POSITION _____

STREET ADDRESS CITY STATE ZIP

LAST POSITION _____

PHONE SUPERVISOR TITLE

DUTIES _____

REASON FOR LEAVING _____

DATES OF EMPLOYMENT START END

EMPLOYER _____

STARTING POSITION _____

STREET ADDRESS CITY STATE ZIP

LAST POSITION _____

PHONE SUPERVISOR TITLE

DUTIES _____

REASON FOR LEAVING _____

DATES OF EMPLOYMENT START END

EMPLOYER _____

STARTING POSITION _____

STREET ADDRESS CITY STATE ZIP

LAST POSITION _____

PHONE SUPERVISOR TITLE

DUTIES _____

REASON FOR LEAVING _____

DATES OF EMPLOYMENT START END

PROFESSIONAL REFERENCES

1. _____
NAME ADDRESS PHONE TITLE

HOW ACQUAINTED AND FOR HOW LONG

2. _____
NAME ADDRESS PHONE TITLE

HOW ACQUAINTED AND FOR HOW LONG

EDUCATION AND TRAINING

HIGH SCHOOL CITY STATE YEARS COMPLETED MAJOR

COLLEGE CITY STATE YEARS COMPLETED MAJOR

ADDITIONAL TRAINING CITY STATE YEARS COMPLETED MAJOR

ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

Have you ever been terminated or forced to resign from any employment?*

Yes No If yes, please explain: _____

*NOTE: Responding accurately to any of these questions will not result in an immediate disqualification from consideration for employment with The Gymboree Corporation. We will assess the information provided and relate it to the position for which you are being considered and take into account all legal obligations and requirements.

REFERRAL SOURCE

How did you hear of this position? _____ Walk-in-applicant

Employment Agency Name _____

School/College Name _____

Employee Referral Name _____

Web Site Name _____

Other Name _____

EMERGENCY NOTIFICATION DESIGNATION

Give the name of a person to contact in case of accident or emergency:

NAME _____

PHONE _____

APPLICANT CERTIFICATION AND RELEASE

I hereby certify that I have been informed of the duties of the position for which I am applying and that the information in this application is true and complete to the best of my knowledge.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment. I further certify that I, the undersigned applicant, have personally completed this application. I understand that misleading, false, or omitted information on this application (or on any document used to secure employment with Gymboree) shall be grounds for rejection of this application or for immediate termination if I am employed, regardless of the time elapsed before discovery.

I authorize The Gymboree Corporation to contact my former employers and professional references listed on this application, and I further authorize the former employers and references I listed to disclose any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure.

I understand that The Gymboree Corporation will hire only those individuals who are legally authorized to work in the United States and who present acceptable proof of their employment eligibility status. I understand that any employment is conditioned upon my satisfactory completion of this verification process. I understand that as a

CAREER OBJECTIVE

Why are you interested in working for our company, and what are your career objectives? _____

What are some things you didn't like about jobs you've had? _____

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH EXAMINATION OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Maryland Applicants: Please sign below to acknowledge receipt of the above notice.

DATE _____ SIGNATURE _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

condition of my employment, I may also be requested to undergo a pre-employment drug test and/or physical exam, as allowed by law.

I further understand that nothing conveyed in the application, any interview, or during my employment, if hired, is intended to create any guarantee of employment. I understand that employment with The Gymboree Corporation is not for any specified duration and constitutes at-will employment. Accordingly, I agree that the employment relationship may be terminated by either The Gymboree Corporation or me at any time, with or without advance notice, and with or without cause. I also agree that the at-will relationship constitutes the entire and sole agreement between The Gymboree Corporation and me concerning my employment, and that this agreement supersedes any and all prior agreements concerning my employment. Finally, I agree that this agreement can only be modified, or amended in writing, as executed by the CEO of The Gymboree Corporation and me or my representative.

DATE _____ SIGNATURE _____