Please return completed application to nearest retail location.

TLA Acquisition Corp.
901 W Main Street, Suite A
Auburn, WA 98001
253.351.5001 253.351.0353 Fax

Application for Employment

## LOVEYS | Family of Stores LOVEYS | Family of Stores CHRISTAL'S

INFORMATION													
LAST NAME:		FIRST N	AME:		MIDDLE INITIAL:								
PRESENT ADDRESS:		CITY:		STATE:	ZIP:								
HOME PHONE:		CELL PHONE:											
EMAIL:		WAGE DESIRED:											
POSITION APPLIED FOR:		DATE AVAILABLE:											
AVAILABLE: Days   Evenings   Night	s 🗆 Week	APPLYING FOR: Full time □ Part time □ Temporary □											
Will visa or immigration status prevent lawful employment? Yes 🗆 No 🗆 (Proof of right to work in the U.S. will be required if hired.)													
Are you 18 years or older? Yes  No  (If no, employment is subject to minimum legal age requirements.)													
Do you have a Non-Compete, Non-Disclosure, or other agreement that might restrict your employment with us? Yes \( \sigma \) No \( \sigma \)													
Have you ever previously applied to or been employed by this company? Yes □ No □ If yes, when?													
How did you learn about this position opening?													
Were you known by any other name at any job or school listed on this application? What name(s)?													
At which school(s)/employer(s) were you known by this other name?													
Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? Yes $\square$ No $\square$													
EMPLOYMENT RECORD (INCOMPLETE APPLICATION CANNOT BE ACCEPTED)													
May we contact your current employer: Yes  No (reason):													
Please list your employment history	below begin	ning wit	th the most recent	t employer, include U.	S. military service.								
Employer T	elephone (	)	City	State									
Job Title	Superv	risor:		Telephone ( )									
Dates Employed: From	To		R	eason for leaving									
Employer T	elephone (	)	City	State									
1. 11		-											
Job Title	Superv	risor:		Telephone ( )									
Dates Employed: From		risor:		Telephone ( )									
' <u>'</u>	To	isor:	R	Telephone ( ) eason for leaving									
Dates Employed: From	To	)	R	Telephone ( ) eason for leaving State									
Dates Employed: From T	To elephone (	)isor:	R City	Telephone ( )_eason for leavingState Telephone ( )_									

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	Nam	ocation of School			s Completed	Did you Graduate?	-0			
High School										
College										
Trade, Other										
				A'	VAILABILIT	Υ				
		-							r staff based on have no restriction,	
	Sunday	Mor	nday	Tuesday	Wedn	esday	Thursday	Friday	Saturday	
Start:										
Stop:										
		I	1			,				
				PROFESS	IONAL REF	ERENCES				
	Please list two pe	rsons, ot	her than re	elatives, who	o we may c	ntact about	your professi	onal work expe	erience.	
Name			Years Known		ı	Relationship		Tele	Telephone Number	
the discovery to I authorize Peeinformation ab employers to peekay, Inc. an whatever reasofuture reference Due to the large be considered. In the event of	hat I gave false in the last I gave for any or all operations. It is a second in the last I gave for any or all operations.	nformat Asure Co evious er ion and o rsons co f furnishi le regard plication en positi understa	ion during tonsulting ton during to mected wing any infecting my works that Peecons they mand that I a	the application investigated ucational oncerning noith any requormation. It is took history where the properties of the	tion proce te all stater institution ny work an uests for in if employed with Peeka s, I undersi that my ap to abide b	es may result nents contains, and refered d work habit formation froll, I release Por, Inc. and the complication will y all current	in immediate in this all ences. I express. Further, I om all claims eekay, Inc. all pany cannot be consider and subseque	te dismissal.  pplication and essly authorize release all pars, liabilities, and Asure from t guarantee the red for any speciently issued ruse.	e my previous ties (including d damages for any liability for at my application wil	
Signature of Applicant					Date					