



Employment Application

Position Applied for

Today's date:

Location:

Job title:

Thank you for your interest in working at Powell's Books. We are proud of our organization and search for talented people to join us. Your application will be active for sixty (60) days. You may be contacted at any time during this period. Please do not call. If you are interested in applying for more than one advertised position, please submit a separate application for each one.

Personal Info

Name (last, first, middle):

Home phone #:

Message phone #:

Street address

City, State, ZIP

How did you hear about this opening? Advertisement Walk-in Employee Website Other

Have you ever worked for Powell's before? Yes No

Are you authorized to accept employment in the United States? Yes No (Successful applicants will be required to prove identity and eligibility for employment.)

Are you 18 years of age or older? Yes No

Relatives/Friends: Qualified relatives/friends are eligible for employment except in unusual situations where we need to avoid possible conflicts of interest. Do you have a significant other, relatives, or any friends (such as roommates) who currently work for us? Yes No If yes, state name(s):

Availability (Note: We will attempt to accommodate employees who require certain hours or days off because of religious beliefs or practices.)

| | S | M | T | W | T | F | S |
|-------|---|---|---|---|---|---|---|
| FROM: | | | | | | | |
| TO: | | | | | | | |

Check shifts & days you can work: Full-time Part-time (Please note hours) Temporary

Work History

Begin with most recent employer and list all employers for past ten years. Fill out completely. Do not write "see resume". Attach separate pages if needed.

| | | | | |
|----------|------------------------------------|----------------------------|-----------|--------------|
| 1 | Company name / Your job title: | Dates employed | From: | To: |
| | Street address: | Final Wage | per hour: | or per week: |
| | City, state, ZIP: | Company Phone #: | | |
| | Primary duties & responsibilities: | Supervisor's name & title: | | |
| | | Reason for leaving: | | |
| 2 | Company name / Your job title: | Dates employed | From: | To: |
| | Street address: | Final Wage | per hour: | or per week: |
| | City, state, ZIP: | Company Phone #: | | |
| | Primary duties & responsibilities: | Supervisor's name & title: | | |
| | | Reason for leaving: | | |
| 3 | Company name / Your job title: | Dates employed | From: | To: |
| | Street address: | Final Wage | per hour: | or per week: |
| | City, state, ZIP: | Company Phone #: | | |
| | Primary duties & responsibilities: | Supervisor's name & title: | | |
| | | Reason for leaving: | | |

Work History

Cont'd. Begin with most recent employer and list all employers for past ten years. Fill out completely. Do not write "see resume". Attach separate pages if needed.

| | | | | |
|----------|------------------------------------|----------------------------|-----------|--------------|
| 4 | Company name / Your job title: | Dates employed | From: | To: |
| | Street address: | Final Wage | per hour: | or per week: |
| | City, state, ZIP: | Company Phone #: | | |
| | Primary duties & responsibilities: | Supervisor's name & title: | | |
| | | Reason for leaving: | | |

References

Please give three references, including at least two that are work related.

| | | |
|----------|-----------------------------|--|
| 1 | Name: | Work related reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Address (City, State, ZIP): | Phone #: |
| 2 | Name: | Work related reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Address (City, State, ZIP): | Phone #: |
| 3 | Name: | Work related reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Address (City, State, ZIP): | Phone #: |

Relevant Experience/Training

List relevant education, training and specialized experience (technical, military; volunteer; etc.)

| Description | School/Organization | City/State/Country |
|-------------|---------------------|--------------------|
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| | | |

Criminal Record: Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered. Have you ever been convicted, pled guilty or no contest or forfeited bond or bail for any crime other than traffic violations? Yes No. If yes, give details:

Driving Record: Answer only if driving is an essential function of the job. Have you ever been convicted, pled guilty or no contest or forfeited bond or bail for any traffic violations in the past three years? Yes No. If yes, give details:

Verification & Signature

1. I authorize the investigation of all matters that the company deems relevant to my qualifications for employment, including all statements made in this application and any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons (such as former supervisors) or employers supplying it. I also release you from all liability that might result from making the investigation.

2. I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or in immediate termination, regardless of when and how discovered.

3. I understand that this employment application is not a contract of employment and if hired, I may voluntarily leave employment upon proper notice and that Powell's Books, Inc. may terminate my employment with or without notice, at any time for any lawful reason. Any oral or written statements made to the contrary are not to be construed as contracts of employment and are not recognized or authorized by Powell's Books, Inc.

4. I understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents. Yes No

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Equal Employment Opportunity. It is our policy to seek and employ the best qualified personnel, to provide equal opportunity for the advancement of employees, and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, sexual orientation, source of income, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

