Application For Employment

Lots of people apply to work at Disguises because it looks like a fun place to work! and it is! But it is also lots of work, so before you hand in this application, be sure to read all about what it's like working here so you can make sure it's the place for you!

We accept applications year round, but most hiring is done in September to fill the seasonal jobs in October. If Halloween help interests you, be sure you get the Halloween page of the application. Same rules and guidelines apply year round, though.

REALLY IMPORTANT STUFF TO KNOW BEFORE YOU EVEN APPLY - BE HONEST WITH YOURSELF! WE MEAN WHAT WE SAY ABOUT THESE THINGS!

- 1. NO SMOKING! IT'S NOT GOOD FOR YOU, IT'S NOT GOOD FOR OUR COSTUMES AND IT'S NOT GOOD FOR THOSE AROUND YOU. E-CIGARETS OR VAPPORIZORS ARE CONSIDERED SMOKING!! THERE ARE NO SMOKE BREAKS. PERIOD.
- 2. SURE, YOU CAN HAVE TATTOOS, PIERCINGS, AND OTHER BODY DECORATIONS. THEY CAN NOT BE OFFENSIVE. NOTHING THAT WE WOULDN'T WANT A CHILD TO SEE. IF DEEMED SO YOU WILL BE ASKED TO COVER THEM.
- 3. MOST GENERAL HELP WILL START AT A LITTLE OVER MINIMUM WAGE. THIS VARIES ACCORDING TO THE POSITION, BUT THIS WILL BE DISCUSSED SEPARATELY.
- 4. YOU WILL BE ASKED TO WEAR APPROPRIATE DRESS WHICH WILL INCLUDE A UNIFORM SHIRT OF SOME SORT, PROVIDED BY DISGUISES.
- 5. APPROPRIATE, PROFESSIONAL AND TOTALLY REASONABLE RULES CONCERNING USE OF CELLPHONES AND OTHER MEDIA WILL BE ASKED OF YOU. CELLPHONES MUST BE PUT AWAY WHILE YOU ARE AT WORK!
- 7. BREAKS IN GENERAL DON'T REALLY HAPPEN. YOU CAN SIT DOWN TO EAT, BUT YOU'RE STILL ON THE CLOCK, SO YOU CAN'T HANG OUT LEISURELY AND READ YOUR NOVEL AND A TIMED TEN MINUTE BREAK SMACK IN THE MIDDLE OF YOUR SHIFT IS BASICALLY UNHEARD OF DUE TO THE NATURE OF THE BUSINESS.
- 8. HOURS ARE FLEXIBLE AND MAY CHANGE FROM ONE WEEK TO THE NEXT. YOU MAY BE ASKED TO WORK DAYS, EVENINGS OR WEEK-ENDS.



a costume superstore

9797 W. Colfax Ave., Lakewood, CO 80215 303-462-0401 www.disguisescostumes.com

Date:	
Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application. We are an equal opp	ortunity employer
Applicants are considered for positions without regard to veteran status, uniformed service member status, rac national origin, age, physical or mental disability, genetic information or any other category protected by applic local laws.	ce, color, religion, se
THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARI PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATION FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.	
Position Applied For(list only one) Name	_ Telephone
Number ()	
Alternate/Cellular Telephone Number ()	
Present Address	
Street, Apartment, or Unit Number	
City State Zip	
Email Address	
Desired Hourly Rate	
If under the age of 18, can you produce the necessary work certificate at the time of employment?	
Type of employment desired? Full-time Part-time (SpecifyHours)	
Are you willing to work overtime? Yes No Date on which you can start work if hired	
Have you previously applied for employment with this Company? Yes \Box No \Box	
If Yes, when and where did you apply?	
Have you ever been employed by this Company? Yes ☐ No ☐	
If Yes, provide dates of employment, location and reason for separation from employment	

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

Education	School name and Location	Course of Study or Major	Graduated? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see résumé."

Employer

Name		Address		Type of Business
Telephone ()		_		
Dates Employed From/_	/ To	_//		
Job Title				
Duties				
Supervisor's Name			May we contact? ☐Ye	es□ No
If No, why not?	Wages Start	Fina	I	
Reason for Leaving?				
What will this employer say was th	ne reason your employ	ment terminate	d?	

Were you ever disciplined? If so, for what?		
How much notice did you give when resigning? If none,	, explain.	
Employer		
Name	Address	Type of Business
Telephone ()		
Dates Employed From / To	//	
Job Title		
Duties		
Supervisor's Name	May	we contact? ☐Yes☐ No
If No, why not? Wages Start	Final	
Reason for Leaving?		
What will this employer say was the reason your emplo	yment terminated?	
Were you ever disciplined? If so, for what?		
How much notice did you give when resigning? If none,	explain.	
Employer		
Name	Address	Type of Business
Telephone ()		
Dates Employed From/ To	//	
Job Title		
Duties		
Supervisor's Name	May	we contact? ☐Yes☐ No
If No, why not? Wages Start	Final	
Reason for Leaving?		

What will this employer say was the reason your employ	ment terminate	d?	
Were you ever disciplined? If so, for what?			
How much notice did you give when resigning? If none, e	explain.		
Employer			
Name	Address		Type of Business
Telephone ()	_		
Dates Employed From / To	_//_		
Job Title			
Duties			
Supervisor's Name		May we contact? □	Yes□ No
If No, why not? Wages Start	Fina	I	
Reason for Leaving?			
What will this employer say was the reason your employ		d?	
Were you ever disciplined? If so, for what?			
How much notice did you give when resigning? If none, e			

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work Relationship	Telephone

Please list the names of personal references (not previous employers or relatives) who you know that we may contact.

Name	Occupation	Address	Telephone	Number of Years Known

Applicant Certification

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside. I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law. If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property. I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement. I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY, IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I

UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports." I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information. If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THAT TIME, YOU MUST REAPPLY. I CERTIFY THAT ALL OF AND COMPLETE. DO NOT SIGN UNTIL YOU HAVE READ A	THE INFORMATION THAT I HAVE PROVIDI	ED ON THIS AP	PLICATION IS TE		
Applicant Signature		Date	/	/	
If the applicant is a minor, the foregoing release and con- applicant's parent or legal guardian constitutes acknowle extent permitted by federal, state, and local law, can test notice, and communicate test results to Company person	dgement by the applicant and the parent the applicant for illegal or controlled sub	or legal guard stances,condu	ian that the Cor act inspections o	mpany, to the of property with	iout
Parent/Legal Guardian	Date				
Witness					

Availability worksheet.

Name:_____

		•		a weekly basis. Each Iuring these times.	n time represen	ts a full shift. W	e
However, we ask that your weekly availability remains the same as much as possible. Your hiring will be based on how well your availability meets the meets the needs of the store.						n how	
If you are a stu	udent, let us knov	w what days yo	u are in school,	and what time you	can make it to w	ork on those da	ıys.
Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	
9:30AM-	11:30AM-	9:30AM-	9:30AM-	9:30AM-	9:30AM-	9:30AM-	
3:30PM	6:30PM	3:30PM	3:30PM	3:30PM	3:30PM	3:30PM	
2:30PM-		2:30PM-	2:30PM-	2:30PM-	2:30PM-	2:30PM-	
8:30PM		8:30PM	8:30PM	8:30PM	8:30PM	8:30PM	
How many ho	urs a week do yo	u want to work	:	-			
How many ho	urs a week are yo	ou willing to wo	rk:	_			
If there is anyt	hing you would l	ike to tell us ab	out your availal	oility please do so be	elow. (optional)		
Signature:							