

GENERAL INFORMATION

Position Desired

Please print in ink and provide all required information.

Today's Date

Charlotte Russe participates in e-Verify. For more information go to http://charlotte-russe.hodesiq.com/job start.asp

Location / Store #

An Equal Opportunity Employer

Date Available for Work

| I am interested in: Last 4 Digits of SSN □ Full time – 32-40 hrs | | | Are you at least 18 years of age? | | | | | | | |
|--|--------------------|--|---|-----------------|------------------|-------------------|--------------------|-----------------|-----------|--|
| ☐ Part time – 0-31 l☐ Seasonal/Tempor | | | □Yes □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 | | 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 app | olied to or wor | ked for Charlo | tte Russe before? | | | | |
| | | | | | | | | | | |
| 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? | | | | | | | |
| | | | ☐ Yes ☐ No | | | | | | | |
| Salary Desired | | | If yes, indentify name(s), position and location. | | | | | | | |
| | | | | | | | | | | |
| | | WORK INFO | ORMAT | TION | | | | | | |
| List ALL previous work exp May we contact your pres | | our current/most recent position. Do not leave any g o | aps in your emp | loyment histor | y. If you need a | dditional spa | ace, please attach | additional page | s/resume. | |
| 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 | | | Sta | 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 | | | | | | | |
| Supervisor's Name / Title | | | Dates of Employment Start (Month/ Year): End (Month/ Year): | | | | | | | |
| Telephone Reason For Leaving | | | Duties | | | | | | | |
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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 I | ong? | |
| | | | | | |
| Reference | | Street Address | City | State | Zip |
| Phone | Email | Job Title | How acquainted and for how l | ong? | |
| | | | | | |

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? \square Yes \square No

Are you able to perform the essential functions of the job, with or without accomodation, for which you are applying? \square Yes \square 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 emplyment 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 employeement 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: |
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