



APPLICATION FOR EMPLOYMENT

Please complete entire application to ensure processing.

PERSONAL INFORMATION (Please print)

NAME Last _____ First _____ Middle _____ Social Security # _____ DATE (M/D/Y) _____

Other names you are known by: _____ Are you less than 18 years of age? Yes ___ No ___ (HCC is required to comply with federal law.)

U.S. Applicant Only: Are you legally eligible for employment in the U.S.? Yes ___ No ___ (proof of U.S. citizenship or immigration status will be required if hired for a position in the U.S.)

Have you been convicted of a felony in the last seven (7) years? Yes ___ No ___
If Yes, list convictions that are a matter of public record (arrests are not convictions). A conviction will not necessary disqualify you for employment.

Present Address Street _____ City _____ State/Province _____ Zip Code/Postal Code _____

Phone Number Daytime _____ Evening _____ Referred By _____

EMPLOYMENT DESIRED (If you are applying for a retail hourly position, please keep in mind that the availability of hours may vary.)

Position Management _____ Sales Full Time _____ Sales Part Time _____ Location _____ Date You Can Start _____

Have you ever worked for Home Consignment Center? _____ If yes, when? _____ Which Store? _____

| EDUCATION | | Circle Last Years Completed | | | | Did You Graduate? | | Subjects Studied and Degrees Received | |
|---|-------|-----------------------------|---|---|---|-------------------|---|---------------------------------------|--|
| Name and Address of School | | | | | | | | | |
| High School | _____ | 1 | 2 | 3 | 4 | Y | N | | |
| | _____ | | | | | | | | |
| College | _____ | 1 | 2 | 3 | 4 | Y | N | | |
| | _____ | | | | | | | | |
| Post College | _____ | 1 | 2 | 3 | 4 | Y | N | | |
| | _____ | | | | | | | | |
| Trade, Business, or Correspondence School | _____ | 1 | 2 | 3 | 4 | Y | N | | |
| | _____ | | | | | | | | |

List skills relevant to the position applied for _____

Computer Proficiency: Word for Windows Excel Macintosh Others: _____

Have you ever visited a Home Consignment Center? Where? Describe your experience. _____

Do you have a valid driver's license? _____ State Issued & License # _____

What do you like about consignment / furniture? _____

Why would you like to work for Home Consignment Center? _____

Do you know anyone who works at Home Consignment Center? _____ Relationship: _____

What experience do you have in sales? _____

Describe a specific situation where you have provided excellent customer service in your most recent position. Why was this effective? _____

Do you have any health issues which may impact your ability to work for us? _____ If so, what? _____

FORMER EMPLOYERS

List below current and last three employers, starting with most recent one first. Please include any non-paid/volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume.

Date (M/D/Y)

| | | | | | |
|-------------------|------|---|--|-----------------|--------------------|
| 1 | From | Current Employer (Name and Address of Employer - Type of Business) | Salary Or Hourly | Position | Reason For Leaving |
| | To | | Starting _____ | | |
| | | | Ending _____ If hourly, average # of hours per week _____ | | |
| Duties Performed | | | | | |
| Supervisor's Name | | Phone Number | | May We Contact? | |
| 2 | From | Previous Employer (Name and Address of Employer - Type of Business) | Salary Or Hourly | Position | Reason For Leaving |
| | To | | Starting _____ | | |
| | | | Ending _____ If hourly, average # of hours per week _____ | | |
| Duties Performed | | | | | |
| Supervisor's Name | | Phone Number | | May We Contact? | |
| 3 | From | Previous Employer (Name and Address of Employer - Type of Business) | Salary Or Hourly | Position | Reason For Leaving |
| | To | | Starting _____ | | |
| | | | Ending _____ If hourly, average # of hours per week _____ | | |
| Duties Performed | | | | | |
| Supervisor's Name | | Phone Number | | May We Contact? | |
| 4 | From | Previous Employer (Name and Address of Employer - Type of Business) | Salary Or Hourly | Position | Reason For Leaving |
| | To | | Starting _____ | | |
| | | | Ending _____ If hourly, average # of hours per week _____ | | |
| Duties Performed | | | | | |
| Supervisor's Name | | Phone Number | | May We Contact? | |

REFERENCES

Give below the names of three professional references, whom you have known at least one year.

| | Name | Address & Phone Number | Business | Years Acquainted How Do You Know This Person? |
|---|------|------------------------|----------|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

I hereby authorize HCC to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by HCC to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of Home Consignment Center. I understand that nothing contained in this application, or conveyed during any, interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate HCC to hire me.

I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or HCC at any time without prior notice for any reason.

CALIFORNIA APPLICANTS

ONLY: Applicant may omit any convictions for the possession of marijuana (except for convictions for the possessions of marijuana on school grounds or possession of concentrated cannabis) that are more than two(2) years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program.

Date _____ Signature _____

PLEASE FAX THIS APPLICATION TO
925-838-0089
ATTN: EMPLOYMENT DEPT

or
MAIL TO
Home Consignment Center
319 Diablo Road, STE 218
Danville, CA 94256
ATTN: EMPLOYMENT DEPT

| | |
|------------------|-----------------------|
| DANVILLE | LAS VEGAS |
| SAN MATEO | SAN RAFAEL |
| LOS ALTOS | YORBA LINDA |
| SARATOGA | FOOTHILL RANCH |
| LAGUNA | NEWPORT |
| ROCKLIN | FOLSOM |