

**EMPLOYMENT APPLICATION**

An equal opportunity employer, Bath & Body Works does not discriminate in hiring or terms and conditions of employment because of an individual's race, color, religion, gender, gender identity, national origin, citizenship, age, disability, sexual orientation, marital status or any other protected category recognized by state, federal or local laws. Bath & Body Works only hires individuals authorized for employment in the United States.



Position Desired: \_\_\_\_\_

Schedule Desired:  Full Time  Part Time  
 Temporary/Seasonal

Salary/Wage Expected: \$\_\_\_\_\_ per \_\_\_\_\_

Date Available: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Application

**Each inquiry on this application must be fully answered or completed. Otherwise, you will not be considered for employment.**

PERSONAL INFORMATION			
Last Name	First Name	Middle Name	Are you authorized for employment in the U.S.? <input type="radio"/> Yes <input type="radio"/> No
Present Street Address	City	State	Zip
Previous Street Address	City	State	Zip
Home Phone Number (including Area Code)	Email Address		Are you under the age of 18? <input type="radio"/> Yes <input type="radio"/> No

EDUCATION				
Type of School	Name and Location of School	Degree/Area of Study	Number of Years Attended	Graduated (Check One)
HIGH SCHOOL	Name			<input type="radio"/> Yes <input type="radio"/> No
	City			
COLLEGE	Name			<input type="radio"/> Yes <input type="radio"/> No
	City			
OTHER	Name			<input type="radio"/> Yes <input type="radio"/> No
	City			

EMPLOYMENT HISTORY					
List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. If you have less than four places of employment, include personal references to be contacted. May we contact your current employer? <input type="radio"/> Yes <input type="radio"/> No					
Dates	Name and Address of Employer	Position Held and Supervisor	List Major Duties	Wages	Reason for Leaving
From: _____ / _____ / _____ Mo. Yr.	Name	Your Job Title		Starting	
To: _____ / _____ / _____ Mo. Yr.	Address	Supervisor		Final	
	Phone				
From: _____ / _____ / _____ Mo. Yr.	Name	Your Job Title		Starting	
To: _____ / _____ / _____ Mo. Yr.	Address	Supervisor		Final	
	Phone				
From: _____ / _____ / _____ Mo. Yr.	Name	Your Job Title		Starting	
To: _____ / _____ / _____ Mo. Yr.	Address	Supervisor		Final	
	Phone				
From: _____ / _____ / _____ Mo. Yr.	Name	Your Job Title		Starting	
To: _____ / _____ / _____ Mo. Yr.	Address	Supervisor		Final	
	Phone				

Have you ever been discharged or asked to resign from a job(s)?  Yes  No If yes, please provide details, including place(s) of employment, location(s), date(s), supervisor's name(s), and circumstances of the discharge(s) or resignation(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ACADEMIC AND PROFESSIONAL ACTIVITIES AND ACHIEVEMENTS

Academic and Professional Activities and Achievements, Awards, Publications or Technical-Professional Societies, indicate type or name. Exclude organizations which indicate race, color, gender, sexual orientation, gender identity, age, religion, disability, marital status, citizenship, national origin or any other protected category recognized by state, federal or local laws of its members.

## SPECIAL SKILLS

Other skills applicable to position applied for (e.g. computer proficiency)

What languages do you speak fluently?

## MISCELLANEOUS

Is there any additional information involving a change of your name or assumed name that will permit us to check your work record?

Have you previously been employed by any L Brands, Inc. Division?  
 Yes  No

Employment Date(s)

Division(s) Employed

Position(s) Held

List names of any person you know now employed by any L Brands, Inc. Division:

At Bath & Body Works a good attendance record is an important part of every associate's overall performance. Do you know of any reason you may not be able to comply with Bath & Body Works' attendance policy?

## PERSON TO CONTACT IN CASE OF EMERGENCY

This information is to facilitate contact in the event of any emergency and is not used in the selection process.

Full Name

Address

Phone

## AVAILABILITY

	SUN	MON	TUE	WED	THUR	FRI	SAT
AM							
PM							

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Min. # hours available weekly: \_\_\_\_\_ Max. # hours available weekly: \_\_\_\_\_

Available start date: \_\_\_\_\_

**Will you be available to work:** Thanksgiving (week)  Yes  No Christmas (week prior)  Yes  No  
Christmas (week of)  Yes  No Other \_\_\_\_\_

## PLEASE READ THIS STATEMENT CAREFULLY

I hereby affirm that the information given by me on the application for employment is complete and accurate. I understand that any falsification or omission either on this application, or otherwise providing false information to the Company will be immediate grounds for dismissal, no matter when the falsification or omission is discovered. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, personal characteristics, employment, education, and criminal record, whichever may be applicable for employment purposes. I understand this investigation may include personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, and others with whom I am acquainted. I further understand I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of the nature and scope of the investigation.

It is my understanding that as a prerequisite to consideration for employment, I must agree to submit to any post-employment examinations, physical or other, as the Company may lawfully require. The Company will pay the reasonable cost of any such examination which may be required.

If I am hired, I agree that my employment and compensation can be terminated with or without cause, and without notice at any time, at the option of Bath & Body Works or myself. I understand that, unless modified in written agreement signed by both me and the Vice President of Human Resources or the President of Bath & Body Works, no representative of Bath & Body Works has the authority to make any agreement for employment for a specified time or to make any other agreement contrary to the foregoing.

I have read and affirm as my own the above statements.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## APPLICANTS IN THE STATE OF MARYLAND ONLY

Under Maryland law an employer may not require or demand any applicant for employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## APPLICANTS IN THE STATE OF MASSACHUSETTS ONLY

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## APPLICANTS IN THE STATE OF CONNECTICUT ONLY

I agree to be scheduled for less than four (4) hours of work on any given day at Bath & Body Works, provided the minimum daily pay in every instance shall be at least twice the applicable minimum hourly rate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## **CONSUMER REPORT DISCLOSURE**

### **DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS**

In compliance with the Fair Credit Reporting Act (FCRA), Bath & Body Works discloses that it may obtain consumer reports on you to be used for employment purposes, including in connection with your employment application, from a Consumer Reporting Agency. Consumer reports include record checks conducted by consumer reporting agencies and may include driving records, criminal records, general reputation, etc.

### **AUTHORIZATION**

I authorize Bath & Body Works to obtain consumer reports for employment purposes, consistent with applicable law, at any time during my employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**ADDITIONAL AUTHORIZATION AND DISCLOSURE**

**California, Minnesota, and Oklahoma Applicants:** If you wish to receive a free copy of any consumer report obtained, please indicate by checking this box

**Minnesota Applicants:** You may make a written request to the consumer reporting agency for information on the nature and scope of a consumer report prepared from General Information Services, P.O. Box 353, Chapin South Carolina, 29036, 1-866-265-4917, [www.geninfo.com](http://www.geninfo.com); and or RefCheck Information Services, Inc., 3962 Brown Park Drive, Suite I, Hilliard, Ohio 43026, 1-800-510-4010, ext. 12, [www.refcheck.com](http://www.refcheck.com).

**New York Applicants:** Upon your request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. Your written request should be made to General Information Services, P.O. Box 353, Chapin, South Carolina 29036, 1-866-265-4917, [www.geninfo.com](http://www.geninfo.com); and or RefCheck Information Services, Inc., 3962 Brown Park Drive, Suite I, Hilliard, Ohio 43026, 1-800-510-4010, ext. 12, [www.refcheck.com](http://www.refcheck.com). You may also contact the Company at Seven Limited Parkway East, Reynoldsburg, Ohio 43068, 1-614-856-6000.

IF YOU WANT A COPY OF YOUR REPORT, PLEASE FILL OUT ADDRESS, CITY, STATE AND ZIP:

STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## REFERENCE FORM

Date: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are a former L Brands Associate, please verify the last four digits of your social security number: \_\_\_\_\_

Please list three business references:

- Two from a previous employer
- One from a peer (co-worker)

### Supervisor 1

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Length of time known? \_\_\_\_\_

### Supervisor 2

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Length of time known? \_\_\_\_\_

### Peer

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Length of time known? \_\_\_\_\_