



EMPLOYMENT APPLICATION

4 BATTERYMARCH PARK, QUINCY, MA 02169

J.Jill is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, gender, national origin, sexual orientation, age, marital status, disability or military or veteran status, or any other status protected by federal, state, or local laws. J.Jill also provides reasonable accommodations to qualified individuals with disabilities in accordance with applicable laws.

Applicant: Please complete the front and back pages of this application completely, even if you have also provided us with a résumé or curriculum vitae. Please print all answers in ink and sign your name as indicated on page 3.

PERSONAL

Print Full Name (LAST) (FIRST) (MIDDLE)
Home Address (STREET & NO.) (CITY/TOWN) (STATE) (ZIP CODE) How long?
Telephone No(s) Home () Work () Cell ()
Email

Previous Addresses: Please provide previous TEMPORARY and PERMANENT addresses (most recent first) covering the last seven years, if not living at your current address for a seven-year period.

Table with 5 columns: Street Address, City/Town, State, County, Dates From-To

Are you willing to relocate? Yes No Are you willing to travel? Yes No
Do you have any friends or relatives employed by J.Jill? Yes No Name Location
Note: This information will be used for placement purposes only.
Have you ever worked for J.Jill before? Yes No If yes, when?
Are you over the age of 18? Yes No
How did you hear of J.Jill?

JOB INTEREST

Position applying for Full-Time Part-Time Regular Temporary
Please indicate the hours you are UNABLE or PREFER NOT to work:
Circle Days Hours From-To Circle Days Hours From-To Circle Days Hours From-To
MON WED FRI
TUES THURS SAT
SUN
Compensation desired: \$ Annual/Hourly Date available to work:
Are there any experiences, skills or abilities that you feel especially qualify you to work at J.Jill?

EDUCATION

Circle highest grade completed High School 9 10 11 12 College 1 2 3 4 5 6 7
High School (NAME) (CITY/STATE) Major Diploma Yes No
College (NAME) (CITY/STATE) Major Diploma Yes No
Postgraduate (NAME) (CITY/STATE) Major Diploma Yes No

(NOTE: Massachusetts applicants may include in such history any verified work performed on a volunteer basis.) Fill out the following carefully. Begin with the present position or last job held and work back regardless of time worked. Use additional sheet if necessary. Include any time periods during which you were attending school or out of work. Do not skip any dates; account for all times. This information will be closely checked.

DATE			EMPLOYER'S NAME, ADDRESS, CITY & STATE	POSITION	REASON FOR LEAVING
FROM	MO	YEAR	NAME OF PRESENT OR MOST RECENT EMPLOYER	POSITION	
			ADDRESS & TELEPHONE NUMBER		
TO	MO	YEAR	NAME OF SUPERVISOR		<input type="checkbox"/> MAY WE CONTACT?
FROM	MO	YEAR	NAME OF EMPLOYER	POSITION	
			ADDRESS & TELEPHONE NUMBER		
TO	MO	YEAR	NAME OF SUPERVISOR		<input type="checkbox"/> MAY WE CONTACT?
FROM	MO	YEAR	NAME OF EMPLOYER	POSITION	
			ADDRESS & TELEPHONE NUMBER		
TO	MO	YEAR	NAME OF SUPERVISOR		<input type="checkbox"/> MAY WE CONTACT?
FROM	MO	YEAR	NAME OF EMPLOYER	POSITION	
			ADDRESS & TELEPHONE NUMBER		
TO	MO	YEAR	NAME OF SUPERVISOR		<input type="checkbox"/> MAY WE CONTACT?

EMPLOYMENT RECORD

FOR CALIFORNIA APPLICANTS (OPTIONAL)

I am providing my contact information to the Company for limited purposes only and consider such information to be private. I understand that from time to time individuals file class action lawsuits against companies and that the mere filing of a lawsuit does not mean that the claims in the lawsuit have merit. I also understand that it is possible that individuals or their attorneys may ask that the Company provide them with my contact information as part of a class action lawsuit. I do not consent to the Company providing my contact information to any individual or attorney in any such lawsuit that may be filed, unless I later give my express written consent, or unless the Company is required to do so by law or the Company determines that I am a witness to that lawsuit.

SIGNATURE OF APPLICANT DATE

FOR MARYLAND APPLICANTS

It is required that the following notice be read by all Maryland applicants and acknowledged separately by the applicant's signature:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

SIGNATURE OF APPLICANT DATE

FOR INDIANA APPLICANTS

EFFECTIVE JULY 1, 2014, UNDER INDIANA HOUSE ENROLLED ACT (HEA) 1242, IT IS AGAINST PUBLIC POLICY OF THE STATE OF INDIANA AND A DISCRIMINATORY PRACTICE FOR AN EMPLOYER TO DISCRIMINATE AGAINST A PROSPECTIVE EMPLOYEE ON THE BASIS OF STATUS AS A VETERAN BY REFUSING TO EMPLOY AN APPLICANT ON THE BASIS THAT THEY ARE A VETERAN OF THE ARMED FORCES OF THE UNITED STATES, A MEMBER OF THE INDIANA NATIONAL GUARD OR A MEMBER OF A RESERVE COMPONENT.

SIGNATURE OF APPLICANT DATE

FOR MASSACHUSETTS APPLICANTS

IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

SIGNATURE OF APPLICANT DATE

ADDITIONAL INQUIRIES

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, J.Jill will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you currently authorized to work for all employers in the United States on a full-time basis, or only for your current employer?

All Employers Current Employer

Will you require the Company to sponsor you to obtain, maintain or extend your employment authorization? Yes No

Are you willing to work overtime as is necessary? Yes No

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY, AS THEY REPRESENT MATTERS OF IMPORTANCE TO BOTH YOU AND J.JILL IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT. I UNDERSTAND AND VOLUNTARILY AGREE THAT:

- (1) My signature attests to the fact that the information that I have provided on my application, résumé or any other materials, or that I have given verbally, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, résumé or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from J.Jill employ.
- (2) Any offer of employment I may receive from J.Jill and any continuation of my employment is contingent upon my successful completion of J.Jill's total pre-employment screening process, including any background check, reference check or post-job-offer pre-employment drug test that J.Jill may require.
- (3) I understand that, as a condition of employment, I may be required to undergo and pass successfully a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to a drug screening at any time, at the discretion of J.Jill and in accordance with applicable law.
- (4) I voluntarily give J.Jill the right to make a thorough investigation of my past employment, educational background and personal references and agree to cooperate in such investigation. Thus, I authorize and request that all of my present and former employers, educational institutions and those individuals I have listed as personal references furnish information about my educational background, employment record, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, hereby releasing them and J.Jill from any and all liability, damages or responsibility arising from furnishing the requested information. I further authorize J.Jill to give any proper party all such information obtained by it. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal, state and local laws.
- (5) I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with J.Jill.
- (6) If I am hired, I will comply with the policies, rules, regulations and procedures of J.Jill, which I understand can be changed from time to time solely at J.Jill's discretion. I understand that my employment and compensation would be on an at-will basis, which means that my employment could be terminated, with or without cause or notice, at any time, at the option of either J.Jill or me, and that remuneration would be paid only for services rendered to the time of said discontinuance. I further understand that no manager or representative of J.Jill, other than an authorized officer of the Company, has any authority to enter into any agreement with me for employment for any specified period of time. I further understand that any agreement, if made, shall not be enforceable unless it is in writing and signed by me and by an authorized officer of the Company.
- (7) I acknowledge that I have read all of the above statements and that I understand them.

READ AND SIGN

DATE OF APPLICATION

SIGNATURE OF APPLICANT

J.JILL REFERENCE CHECK — TO BE COMPLETED BY APPLICANT

BUSINESS REFERENCE #1

BUSINESS REFERENCE #2

BUSINESS REFERENCE #3

Former Manager	Former Manager	Former Manager
Company	Company	Company
Name	Name	Name
Position	Position	Position
Dates Known	Dates Known	Dates Known
Phone	Phone	Phone
Email	Email	Email

REFERENCES