

EXPERIENCE

Please give accurate and complete information. Start with present or most recent employer, including self-employment, part-time work, military employment, and any work performed on a volunteer basis. Account for your entire employment history, including significant gaps in employment. All information must be included, even if you are attaching a resume.

Employer		Work Performed
Address (Street, City, State)		
Telephone Number(s) ()		
Job Title	Supervisor	
Reason for Leaving		
Dates Employed From:	To:	
Employer		Work Performed
Address (Street, City, State)		
Telephone Number(s) ()		
Job Title	Supervisor	
Reason for Leaving		
Dates Employed From:	To:	
Employer		Work Performed
Address (Street, City, State)		
Telephone Number(s) ()		
Job Title	Supervisor	
Reason for Leaving		
Dates Employed From:	To:	
Employer		Work Performed
Address (Street, City, State)		
Telephone Number(s) ()		
Job Title	Supervisor	
Reason for Leaving		
Dates Employed From:	To:	

Please attach an additional sheet if necessary

SECURITY

Have you ever taken any merchandise, money, or property from an employer without permission? Yes No

If yes, provide details: _____

EDUCATION

Circle highest grade completed: Elementary /Middle 6 7 8 High School 9 10 11 12 College 13 14 15 16 17 18(+)

List all, whether or not degree was obtained:

	Name of School	Location (City, State)	Field of Study	Degree	Received?
HIGH SCHOOL			High School	Diploma or GED	Yes / No
COLLEGE					Yes / No
COLLEGE					Yes / No

SKILLS AND QUALIFICATIONS

Please check all that apply:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Microsoft® Excel | <input type="checkbox"/> Cash Office | <input type="checkbox"/> Fork-Lift Operator |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Microsoft® Outlook | <input type="checkbox"/> Cashier | <input type="checkbox"/> General Warehouse |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Microsoft® PowerPoint | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Inventory Clerk |
| <input type="checkbox"/> Financial Reports | <input type="checkbox"/> Microsoft® Word | <input type="checkbox"/> Merchandiser | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> General Clerical | | <input type="checkbox"/> Sales Associate | <input type="checkbox"/> Packer |
| <input type="checkbox"/> Payroll | | <input type="checkbox"/> Stock Room | |
| <input type="checkbox"/> Statistical Typing | | | |
| <input type="checkbox"/> Switchboard | | | |
| <input type="checkbox"/> Typing (speed _____) | | | |

List any other special training, experience, skills, or qualifications relevant to the position for which you are applying:

PROFESSIONAL REFERENCES

Please provide name, work relationship, email address (if available) and telephone number of three Supervisors/Managers or other professional references that are not related to you:

	Name	Work Relationship	Email Address	Phone Number
1				
2				
3				

May we contact each of your references? Yes No If not, who and why? _____

SIGNATURE

READ CAREFULLY BEFORE SIGNING AS THESE ITEMS REPRESENT SIGNIFICANT MATTERS IN CONNECTION WITH YOUR APPLICATION

Massachusetts Applicants: I understand that 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.

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

I certify that the statements and information furnished by me in this application and in any other document submitted as part of the application process are true and correct. I understand that omitted, false or misstated statements on this application or any other document submitted as part of the application process are grounds for refusal to hire, or dismissal, regardless of when the Company becomes aware of the omitted, falsified, or misstated information.

I understand that The TJX Companies, Inc. is not obligated to provide me with employment and that I am not obligated to accept employment. I understand that nothing contained in this application, or conveyed during any interview that may be granted, or during my employment, if hired, is intended to create a contract for continued employment with The TJX Companies, Inc., except as required by applicable federal, state, and local law. In addition, if an employment relationship is established, unless I am employed in Montana, I acknowledge that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the Company or myself, and that this cannot be altered except by an express written agreement signed by myself (or my authorized representative) and a designated officer of the Company. I further understand and agree that no manager or other representative of the Company has the authority to make any verbal promises or commitments to me with respect to any term, condition, or privilege of my employment including compensation. I further understand that no policy, benefit, or procedure contained in any employee handbook creates a contract for continued employment. I understand and agree that, if hired, I will be required to abide by all rules and regulations of The TJX Companies, Inc. and that my wages, benefits and conditions of employment can be changed by the Company at any time in its sole discretion.

While I understand that this application will be kept on file for a period of up to one year, I further understand that this application will be considered active for a period not to exceed ninety (90) days. I understand that if I wish to be considered for employment beyond this period, I should inquire as to whether or not applications are being accepted for the position for which I am interested and, if so, submit a new application.

MY SIGNATURE CERTIFIES THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS

SIGNATURE OF APPLICANT:

DATE OF APPLICATION:

MANAGEMENT ONLY

Reviewed by:

Signature

Print Name

Date

Time

WOTC Pre-Screening Notice Given to Applicant

Interview scheduled for:

Date

Time



WOTC Pre-Screening Notice (PSN)

Applicant Name: _____

The TJX Companies Inc. is participating in the Work Opportunity Tax Credit (WOTC) program. This program is designed by the federal government to help companies with federal incentives for hiring and retaining individuals from certain targeted groups into the workforce.

Your preliminary response to the IRS Form 8850 questions below will help determine if The TJX Companies Inc. qualifies for this program. Any information you provide will be kept confidential and will not negatively affect your job, wages, or taxes. Thank you in advance for your time and participation.

In order to determine if The TJX Companies Inc. potentially qualifies for this program, please check the box, at your discretion, if any of the statements below apply to you.

One or more of these statements apply.

-
- ▶ I received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
 - ▶ If **any** of the following statements apply to you.
 - ▶ I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - ▶ I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - ▶ I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veteran Affairs.
 - ▶ I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - ▶ I received supplement security income (SSI) benefits for any month ending during the past 60 days.
 - ▶ I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
 - ▶ I am a veteran and was unemployed for a period or periods totaling at least 6 months during the past year.
 - ▶ I am a veteran entitled to compensation for a service-connected disability and I was discharged or released from active duty in the U.S. Armed Forces during the past year.
 - ▶ I am a veteran entitled to compensation for a service-connected disability and I was unemployed for a period or periods totaling at least 6 months during the past year.
 - ▶ I am a member of a family that:
 - ▶ Received TANF payments for at least the past 18 months, **or**
 - ▶ Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - ▶ Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
 - ▶ I have been unemployed at least 27 consecutive weeks and for all or part of that period I received unemployment compensation.

Applicant Signature: _____

Date: _____