



JOHNSTON & MURPHY



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GENESCO IS AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date:	Social Security Number:																
Name: (Last) (First) (Middle)	Position Desired:	Minimum Salary Required:															
Street Address:	Check One: Full-Time Part-Time Temporary/Seasonal																
City/State/ZIP:	Are you at least 16 years old? Yes No																
Telephone: Mobile/Work/Other:	IF YOU ARE UNDER 18, YOU MAY BE REQUIRED TO PROVIDE A WORK PERMIT PRIOR TO WORKING IF REQUIRED IN YOUR STATE																
E-mail Address:	Please indicate the hours you are available to work																
Have you worked for our company, including any of its divisions, before? Yes No If yes, give dates: From: _____ To: _____	<table border="1"> <tr> <td>SUN</td> <td>MON</td> <td>TUES</td> <td>WED</td> <td>THURS</td> <td>FRI</td> <td>SAT</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			SUN	MON	TUES	WED	THURS	FRI	SAT							
SUN	MON	TUES	WED	THURS	FRI	SAT											
Division/Location:	Do you have any relatives currently employed by our company? Yes No If yes, identify name(s), position, and location:																

WORK EXPERIENCE

LIST PREVIOUS EXPERIENCE BEGINNING WITH CURRENT OR MOST RECENT POSITION

Employer	Starting Position/Salary:
Address:	Last Position/Salary:
Phone:	Supervisor (Name/Title):
Reason for Leaving:	Dates of Employment: From: _____ To: _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

Employer	Starting Position/Salary:
Address:	Last Position/Salary:
Phone:	Supervisor (Name/Title):
Reason for Leaving:	Dates of Employment: From: _____ To: _____

Employer	Starting Position/Salary:
Address:	Last Position/Salary:
Phone:	Supervisor (Name/Title):
Reason for Leaving:	Dates of Employment: From: _____ To: _____

REFERENCES (Business or professional, do not list relatives)

Name and Position	Name and Position
Address	Address
Phone	Phone
How acquainted and length of time acquainted	How acquainted and length of time acquainted

EDUCATION AND TRAINING

EDUCATION	LOCATION	YEARS COMPLETED	DEGREE / DIPLOMA	TYPE OF COURSE/MAJOR
College			Yes No	
High School			Yes No	
Additional Training				

REFERRAL SOURCE

Walk-in Applicant	Newspaper Ad	Internet Ad	Store Sign	Employee Referral	Company Website	Other _____
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ADDITIONAL PERSONAL INQUIRIES

Have you ever been convicted of a felony? Yes No
Have you ever been convicted of a misdemeanor related to theft or the misappropriation of funds? Yes No
If you answered yes to either question above, please explain: _____ <i>(In California only: Do not answer if your conviction was solely for a marijuana-related offense that is more than two years old or if you successfully completed a pre-trial or post-trial diversion program.)</i>
<small>A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED INDIVIDUALLY; HOWEVER, FAILURE TO DISCLOSE INFORMATION WILL BE SUFFICIENT CAUSE TO ELIMINATE APPLICANT FROM FURTHER CONSIDERATION FOR EMPLOYMENT OR MAY RESULT IN IMMEDIATE TERMINATION WHENEVER IT IS DISCOVERED.</small>

PERMISSION TO WORK

Are you legally authorized for employment in the United States? Yes No
If employed you will be required to provide proof of identity and legal authorization to work in the United States.

APPLICANT STATEMENT

CERTIFICATION AND AUTHORIZATION (Please read the following paragraph carefully before signing)

I certify that the information I have provided is true, complete and correct. I understand that false information or omissions will be sufficient cause for the refusal to employ or for immediate dismissal. Further I understand that use of this application does not mean that there are positions open and in no way obligates Genesco Inc. (the "Company"). I understand that no manager or any other representative of the Company, other than the President of the Company or the Vice President of Human Resources has any authority to enter into any employment contracts. I understand that if I am employed by Genesco Inc., it will be as an employee at-will, which means that either party can terminate the employment relationship at any time, with or without cause, with or without notice. Furthermore, the Company reserves the right to change my duties, the location of my employment or any of the other terms and conditions of my employment. I authorize the Company to contact all of my previous employers or references. I acknowledge that I may be required to submit to alcohol or drug screenings, as the Company shall determine. I further acknowledge that failure to submit to a request for an alcohol and/or drug screen shall be cause for my immediate dismissal from employment. This application will be considered active for 60 days.

Date

Signature of Applicant