



**The Madden Corporation**

## APPLICATION FOR EMPLOYMENT

### GENERAL INFORMATION

Name			
Address		Telephone No.	
City	State	Zip Code	E-mail Address

EMPLOYMENT RECORD: STARTING WITH present or MOST RECENT, list all previous employers. Include self-employment, military service, summer, and part-time jobs. Please attach additional sheets if necessary, following the same format.

Name & Address of Former Employer	Phone	Dates Employed	Position & Duties	Reason for Leaving
COMPANY NAME	Phone	From Mo./Yr.		
Address		To Mo./Yr.		
City & State	Zip		Supervisor's Name/Title	
COMPANY NAME	Phone	From Mo./Yr.		
Address		To Mo./Yr.		
City & State	Zip		Supervisor's Name/Title	
COMPANY NAME	Phone	From Mo./Yr.		
Address		To Mo./Yr.		
City & State	Zip		Supervisor's Name/Title	
COMPANY NAME	Phone	From Mo./Yr.		
Address		To Mo./Yr.		
City & State	Zip		Supervisor's Name/Title	
COMPANY NAME	Phone	From Mo./Yr.		
Address		To Mo./Yr.		
City & State	Zip		Supervisor's Name/Title	



ISLAND HERITAGE™



ISLAND PLANTATIONS



ISLAND BATH & BODY



MAUNA KAI®



ISLAND HERITAGE™  
MUSIC

DIVISIONS OF THE MADDEN CORPORATION

**PROFESSIONAL REFERENCES: (Not relatives)**

Name	Occupation	
Association	Telephone No.	E-mail Address
Name	Occupation	
Association	Telephone No.	E-mail Address
Name	Occupation	
Association	Telephone No.	E-mail Address

**EDUCATION:**

	Name of School	Address	No. of Yrs. Attended	Degrees
High School				
College				
Other (trade school, etc.)				

**MEDICAL INFORMATION:**

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical examination at Company expense and by a Company-chosen physician. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company.

Are you able to perform the essential functions of this job with or without accommodation? \_\_\_\_\_

Applicant's Initials \_\_\_\_\_

Are you a smoker? \_\_\_\_\_

**OTHER:**

Do you know anyone presently working for our company? \_\_\_\_\_ If so, who? \_\_\_\_\_

**NOTE:**

It is the policy of this company to hire only U. S. Citizens and aliens who are authorized to work in this country. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U. S. Immigration and Naturalization Service's Form I-9.)

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission when discovered, will subject me to discharge and I hereby authorize any investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment.

This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice.

Application Date \_\_\_\_\_

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