



APPLICATION FOR SALES EMPLOYMENT

(Please print clearly)

Name _____
Last *First* *Middle*

Address _____
Number *Street* *Apt. No.* *City* *State* *Zip*

Mobile (*Area Code*) _____ **Other Contact Number** _____

Position(s) Applying For _____ **Personal E-Mail** _____

Referral Source: Ad Friend Relative Walk-in Employment Agency Employee _____

Have you ever been employed here before? Yes No *If yes, give dates* _____

Are you employed now? May we contact your present employer? Yes No *If no, why* _____

Are you presently laid off and subject to recall? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work: Full-time Part-time Shift-Work Temporary

Can you travel if the job requires? Yes No

Are you transferable? Yes No

Have you ever been convicted of a crime? Yes No *If yes, please explain* _____

(Conviction will not necessarily disqualify applicant from employment.)

Are you a veteran of the U.S. Military Service? Yes No *If yes, please give the branch* _____

	Elementary	High School	College/University	Graduate/Professional
<i>School Name</i>				
<i>Years Completed</i>	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
<i>Major</i>				
<i>Diploma/Degree</i>				
<i>Describe Course of Study</i>				

Honors received: *State any additional information that you feel may be helpful to us in considering your application:*

EMPLOYMENT EXPERIENCE

(1) Employer _____ Address _____
Telephone () _____ Job Title _____
Supervisor _____ Reason for Leaving _____
Dates Employed *From* _____ *To* _____
 Hourly Rate Salary Starting/Final _____ Worked Performed _____

(2) Employer _____ Address _____
Telephone () _____ Job Title _____
Supervisor _____ Reason for Leaving _____
Dates Employed *From* _____ *To* _____
 Hourly Rate Salary Starting/Final _____ Worked Performed _____

(3) Employer _____ Address _____
Telephone () _____ Job Title _____
Supervisor _____ Reason for Leaving _____
Dates Employed *From* _____ *To* _____
 Hourly Rate Salary Starting/Final _____ Worked Performed _____

REFERENCES

Please give the names of at least three persons, not related to you, whom you have known for at least one year.

ALL FIELDS ARE REQUIRED

Name _____

Address _____ Phone () _____

Years Acquainted _____ Business _____

Name _____

Address _____ Phone () _____

Years Acquainted _____ Business _____

Name _____

Address _____ Phone () _____

Years Acquainted _____ Business _____

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REFERENCE CHECK AUTHORIZATION

We are in possession of your application and references listed therein. In the interest of fairness to you and the Company, we would like to verify those references. By signing below, you are authorizing the Company to check references.

I, _____ am applying for employment for City Mattress. I hereby authorize you to verify by telephone or letter all references that I have offered, and understand that employment may not be offered if I have provided false information. I further understand that even if all references are verified, employment is not guaranteed.

By digitally signing this document, I acknowledge receiving it and agree to abide by the information contained in the attached "Authorization and Disclosure for Background Check." I agree that my typed name will serve as my official signature.

Signature of Applicant _____ Date _____

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APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the employer.

I agree that my typed name below will serve as my official signature.

Signature of Applicant _____ Date _____



THIS PAGE TO BE COMPLETED BY SALES ASSOCIATE APPLICANTS ONLY

As a family-owned business, we strive to bring into our organization individuals who share a passion for sales and customer service the way City Mattress has done for over 50 years. As a prospective candidate for a Sales Associate position with City Mattress, it's critical that we select individuals that we believe will properly represent our company, our image and our brand to our customers. Therefore, we ask you to respond to the following questions:

What are you really passionate about doing/accomplishing in your next job?

What one accomplishment in your career in Sales would indicate that you would be successful working as a Sales Associate for City Mattress? Please elaborate.

When it comes to your career, what is your biggest motivator?

How competitive of a person are you (please provide an example that would support this)?

Are there any other compelling reasons (other than what you have provided above) why City Mattress should hire you?



ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by CM MANAGEMENT, INC DBA CITY MATTRESS (the “Company”) at any time after receipt of this authorization and throughout my employment, (including independent contractor or volunteer assignments, as applicable). To this end, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Good Egg LLC (“Agency”), 2 Huntington Quadrangle, South Building, Second Floor, Suite 2S04, Melville, NY 11747, telephone number (631) 557-0100, www.goodegg.io** .

I understand that there may be an overseas transfer of my information. I consent to and authorize the processing of my information in a foreign country by a third-party providing services to the Company and understand that this information may be accessible to law enforcement and national security authorities of that jurisdiction. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants/employees: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants/employees: You acknowledge and authorize the Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the company.

Washington State applicants/employees: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants/employees: Please check this box if you would like to receive a free copy of a consumer report if one is obtained by the Company.

I Have Read and Understand the Acknowledgement & Authorization for Background Check

Print Name: _____ Date: _____

Signature: _____

AGREE TO RECEIVE NOTIFICATIONS ELECTRONICALLY

You hereby agree to receive and respond electronically to all Communications for those products and services offered or accessible through Good Egg LLC's website that are not otherwise governed by the terms and conditions of an electronic disclosure and consent.

1. **Definitions** The words "we," "us," and "our" refer to the entity that will be performing the background check, and the words "you" and "your" mean you, the subject of the background check. "Communication" means any disclosures, notices, outcomes, determinations, disputes correspondence, results of reinvestigation, amended consumer reports and all other information related to your background check, including but not limited to information that we and/or your prospective employer are required by law to provide to you in writing.
2. **Electronic Delivery of Disclosures and Notices.** You hereby consent to receive any Communications and all changes to such Communications electronically at the following email address: . You must provide at your own expense an Internet connected device that is compatible with the minimum requirements outlined below. You also confirm that your device will meet these specifications and requirements and will permit you to access and retain the Communications electronically each time you access and use the applicable services.

Please select Print and select your printer to retain a copy. If you do not have a printer, you can copy the text of these Terms and paste the text into a new document in a word processor or a text editor on your computer and save the text.

3. **Paper Delivery of Disclosures and Notices** You have the right to receive a paper copy of the Communications, and any changes. To receive a paper copy, please request it in one of the following ways: call us at (877) 702-6761 or write with your name and address to: Good Egg LLC, 2 Huntington Quadrangle, South Building, Second Floor, Suite 2S04, Melville, NY 11747. We may charge you a reasonable service charge to mail you a paper copy of any Communication, as allowed by law. We will either include such service charge on our fee schedule or, if we do not, before we send you the paper copy, we will first inform you of the service charge and provide you with the choice as to whether you still want us to send you a paper copy. Please be sure to state that you are requesting a copy of the Communications referenced above.
4. **System Requirements to Access Information** To receive and view an electronic copy of the Communications, you must have the following equipment and software:
 - o A personal computer or other device which is capable of accessing the Internet. Your access to this page confirms that your system/device meets these requirements.
 - o An Internet web browser which is capable of supporting 128-bit SSL encrypted communications, JavaScript, and cookies. Your system or device must have 128-bit SSL encryption software. Your access to this page confirms that your browser and encryption

software/device meet these requirements.

5. **System Requirements to Retain Information** To retain a copy, you must either have a printer connected to your personal computer or other device or, alternatively, the ability to save a copy through use of a printing service or software such as Adobe Acrobat®. If you have a word processor or text editor program on your computer, then you can also copy the text of this Disclosure and the underlying agreements and paste the text into a new document in the word processor or text editor and save the text.
6. **Withdrawal of Electronic Acceptance of Disclosures and Notices** You can also contact us in any of the ways described in the paragraph entitled "Paper Delivery of Disclosures and Notices" to withdraw your consent to receive any future Communications electronically, including if the system requirements described above change and you no longer possess the required system. If you withdraw your consent, we will terminate your use of the Good Egg website and the services provided through Good Egg website.
7. **Termination / Changes.** We reserve the right, in our sole discretion, to discontinue the provision of your electronic Communications, or to terminate or change the terms and conditions on which we provide electronic Communications. We will provide you with notice of any such termination or change as required by law.

I Have Read, Understand, and Agree to Receive Notifications Electronically

Print Name: _____

Signature: _____

Date: _____