

Employment Application



www.catofashions.com; www.itsfashions.com; www.shopersona.com

The CATO Corporation
8100 Denmark Rd.
Charlotte, NC 28273

As an equal opportunity employer, The CATO Corporation (*Cato, It's Fashion, It's Fashion Metro and Versona*) does not discriminate in hiring or terms and conditions of employment because of an individual's race, color, creed, religion, ancestry, or national origin, disability, age or sex, or any other legally-protected classification, except where a reasonable bona fide occupational qualification exists. The CATO Corporation also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable Federal, state and local law. If you require an accommodation in the application process, please advise Human Resources.

| | | | |
|-------------------------|----------------------|---|--|
| Date: | <input type="text"/> | Position Applied for: | <input type="text"/> |
| Name: | <input type="text"/> | Division: | <input type="text"/> Expected Pay Rate <input type="text"/> |
| Address: | <input type="text"/> | Schedule Availability: | |
| City/State: | <input type="text"/> | Open availability: | <input type="radio"/> Yes <input type="radio"/> No |
| Zip/Postal Code: | <input type="text"/> | If no: What days and hours are you NOT available to work? | <input type="text"/> |
| Home Phone: | <input type="text"/> | <input type="radio"/> Full-Time <input type="radio"/> Part-time <input type="radio"/> Temporary | |
| Cell Phone: | <input type="text"/> | Date available to begin work? | <input type="text"/> |
| E-mail Address: | <input type="text"/> | | |

YOU MUST BE 18 YEARS OF AGE TO BE ELIGIBLE TO WORK FOR THE CATO CORPORATION.

Are you 18 years of age or older: Yes No

Have you ever been employed by The CATO Corporation or any of its divisions? Yes No

If yes, what location? City State

Dates of Employment: From: To: **Last Position Held:**

Have you ever been suspended, asked to resign, or been discharged from any employment: Yes No

If Yes - Please explain

If hired, can you submit documentation verifying your identity and your legal right to work in the U.S.? Yes No

If you have a relative (by birth, adoption or marriage) that currently works for The CATO Corporation or any division, please complete the following information:

Name: **Location:**

Education

| Type of School | Name of School and City/State | Field of Study | Diploma or Degree | Graduate Yes/No |
|-----------------------------|-------------------------------|----------------|-------------------|-----------------|
| High School | | High School | | |
| College, Business, or Trade | | | | |
| Professional or Graduate | | | | |
| Other | | | | |

Skills / Special Training:

Computer: PC Mac Both

Software Applications (list all that apply):

Certifications:

Employment History(list up to 4)

Please add your employment history beginning with your current or most recent job:

1.
Name of Employer:

Name of last supervisor: Email Address:

Dates of employment:
Starting: Ending:

Complete Address:
Phone #:
Last job title:

Reason for Leaving (be specific): Resigned Discharged Laid Off or Lack of Work

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: Yes No

2.
Name of Employer:

Name of last supervisor: Email Address:

Dates of employment:
Starting: Ending:

Complete Address:
Phone #:
Last job title:

Reason for Leaving (be specific): Resigned Discharged Laid Off or Lack of Work

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: Yes No

3.
Name of Employer:

Name of last supervisor: Email Address:

Dates of employment:
Starting: Ending:

Complete Address:
Phone #:

Last job title:

Reason for Leaving (be specific): Resigned Discharged Laid Off or Lack of Work

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: Yes no

4.

Name of Employer:

Name of last supervisor: Email Address:

Dates of employment:
Starting: Ending:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific): Resigned Discharged Laid Off or Lack of Work

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: Yes No

Please list 3 references other than relatives and previous employers:

| | | | |
|---------------------|----------------------|----------------------|----------------------|
| Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Relationship to You | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Position | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Company | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email Address | <input type="text"/> | <input type="text"/> | <input type="text"/> |

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information may result in disqualification from consideration of employment or, if employed, my dismissal. I understand that this application is not an offer or promise of employment and that nothing in this application is intended to create or imply any contractual relationship. If hired, the applicant/employee understands that employment is at-will. If hired, I will be able to resign at any time for any reason. Likewise, the company can terminate my employment at any time, with or without notice, for any reason.

I understand that this application will be considered active for a period not to exceed sixty (60) 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 still being accepted for the position I am interested and, if so, submit a new application.

I authorize all of my present and former employers, school authorities and persons listed as references to furnish The Cato Corporation information concerning my personal character, work habits and employment record (such as a statement of the reason of termination or separation of employment), work performance, abilities, and other qualities pertinent to my qualifications for employment. I hereby release The Cato Corporation and its respective officers, directors, employees, or agents in both their individual and representative capacities, from any and all liability for damages of whatever nature arising from furnishing, requesting, or receiving the information.

REQUIRED NOTICE FOR MARYLAND APPLICANTS ONLY: 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 POLYGRAPH EXAMINATION OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THE LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

I hereby acknowledge that I have read the below statements and understand same.

Signature

Date:

**Date is required if this form is not digitally signed.*

Applicant Drug Testing Consent Agreement

As a prerequisite to employment, I hereby agree to allow The Cato Corporation's drug testing vendor to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to the release of my test results to authorized Cato Human Resources management for appropriate review.

I have the right to submit information to Cato's testing vendor that demonstrates that a positive result is due to my legitimate use of a prescribed medication. I understand that the results of the drug testing of my urine, if positive for illegal drugs, will remove me from consideration for employment and rescind any conditional job offer. I also understand that if I refuse to test, I will be removed from further consideration for employment. Adulterated or substituted specimen constitutes a refusal to test.

Further, I understand that, if employed by The Cato Corporation, I must abide by the terms of The Cato Corporation's Substance Abuse Policy and may be required to submit to testing for the presence of illegal drugs and/or alcohol as required by the company. I understand that submission to such testing is a condition of employment with The Cato Corporation and disciplinary action, up to and including termination, may result for violating The Cato Corporation's Substance Abuse Policy.

I understand that I have the right to retest a confirmed positive sample at the same or other approved laboratory. The Cato Corporation, through the approved laboratory, will make confirmed positive samples available to me, or a designated agent, during the time that the sample is required to be retained. I must request release of the sample in writing specifying to which approved laboratory the sample is to be sent. I will be responsible for payment of all reasonable expenses for chain of custody procedures, shipping and retesting of positive samples related to this request.

I release from liability, The Cato Corporation, its agents, officers and assigns, for any actions taken during or after a drug test, including any violations of state drug testing laws as well as errors in testing and any actions taken by The Cato Corporation in conjunction with a drug test.

I hereby consent to the administration of the drug test and to the terms of the Consent Agreement. I understand that the "TIME MY SPECIMEN IS COLLECTED", as recorded by the site Collector, MUST be within twenty-four hours of the "TIME I AM NOTIFIED" to report for specimen collection. It is my responsibility to arrive at the collection site early to ensure timely specimen collection. I understand that time is of the essence.

Applicant's Name
(Please Print)

Applicant's
Signature

*Date

STORE APPLICANTS ONLY:

Store Applicants must print these forms and take them to the store. You may also save this data for reference.

Print Forms

CORPORATE AND DISTRIBUTION CENTER APPLICANTS ONLY:

Corporate and Distribution Center Applicants should save this data. Only applicants for the Corporate Offices and Distribution Center may submit this application via e-mail to catojobs@catocorp.com.