



Duluth Trading Company is an Equal Opportunity Employer.

Name _____
Last First M.I.

Address _____
Street

City _____ State _____ Zip _____

Daytime Phone: () _____ Evening Phone: () _____

If you are under 18, can you furnish a work permit? Yes No

Are you at least 16 years of age? Yes No

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

Have you ever applied here before? If yes, when and for what position(s)? _____

Date available for work: / / What is your desired pay rate? _____

TYPE OF EMPLOYMENT DESIRED Check all that apply

Full-time Hours Part-time Hours Varied Hours Temporary/Seasonal

Position(s) applied for: _____

HOW DID YOU HEAR ABOUT US? Circle those that apply and please specify

Internet Duluth Trading Employee Newspaper Other
 (Specify): _____

EDUCATIONAL BACKGROUND

Name and Location	Yrs. Completed	Course of Study
High School		
College		Degree and Major
Other - Describe any other training/skills you consider relevant to the position for which you are applying (i.e. computer, certifications)		

REFERENCES (BUSINESS/PROFESSIONAL/ACADEMIC)

Name	Daytime Phone	Relationship	Yrs. Known
	()		
	()		
	()		

AVAILABILITY Your employment will be based on the availability you provide below

Example	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Every other 7a – 3:30p	7a – 3:30p	Off	9a – 1p	7a – 3:30p	7a – 3:30p	7a – 3:30p	Every other 7a – 3:30p

Maximum number of hours per week _____ Are you available to work overtime? _____

Are there dates you are not available to work? _____

EMPLOYMENT HISTORY

Provide the following information from your last three (3) employers, starting with the most recent.

From	To	Your Job Title	
Employer		Address	
Immediate Supervisor		Supervisor's Title	Supervisor's Phone Number
Type of Work Performed:			

Starting Pay Rate \$ _____		Ending Pay Rate \$ _____	
Reason for Leaving:			

If you are currently employed can we contact your current employer?			

From	To	Your Job Title	
Employer		Address	
Immediate Supervisor		Supervisor's Title	Supervisor's Phone Number
Type of Work Performed:			

Starting Pay Rate \$ _____		Ending Pay Rate \$ _____	
Reason for Leaving:			

From	To	Your Job Title	
Employer		Address	
Immediate Supervisor		Supervisor's Title	Supervisor's Phone Number
Type of Work Performed:			

Starting Pay Rate \$ _____		Ending Pay Rate \$ _____	
Reason for Leaving:			

Have you ever been convicted of, plead guilty or no contest to, been placed on probation, fined, imprisoned or incarcerated or paroled for any offense, other than a minor traffic violation? Yes ____ No ____

If your answer is yes, please explain the circumstance for each charge of offense.

Note: A charge or conviction will not automatically bar you from employment.

Applicant Statement

I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements made by me, or material omissions of important requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information whether oral or written. A photocopy of this release shall be valid as original may be relied upon by all persons providing information.

I understand that employment with Duluth Trading Company is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time and may be terminated for any reason, or for no reason. I understand that any oral or written statement which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration law requires me to complete an I-9 Form in this regard.

I understand that this application will be considered inactive after 90 days.

I certify that I have read (or have had read to me) and understand fully all terms of the foregoing applicant statement.

Signature _____

Date _____

**Authorization of Disclosure and Release of Information
Duluth Holdings, Inc.**

I authorize Duluth Holdings, Inc. and/or Fidelitec, LLC, to investigate all statements contained in my application for employment and retrieve information relating to my past activities for purposes of such investigation from all relevant individuals and organizations, including but not limited to personnel, educational institutions, government agencies, companies, law enforcement agencies, and consumer reporting agencies, to supply any and all information concerning my background and credit worthiness, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, employment, academic, residential, motor vehicle, consumer credit, and criminal records. I understand that I have the right to request additional information about these inquiries and any subsequent reference reports. This additional information will be provided to me upon written request to Fidelitec, LLC, 245 Horizon Drive, Suite 107, Verona, WI 53593.

I hereby certify that all the statements and answers contained in my application for employment and on this form are true and complete to the best of my knowledge, and I understand that any false statements and/or answers or omissions of information contained in my application for employment and on this form will be sufficient cause for cancellation of employment consideration or dismissal, if I have been employed. I understand that by furnishing my birth date below, Duluth Holdings, Inc. and/or Fidelitec, LLC, are using that information for the sole purpose of verifying identification as part of the criminal records check and the birth date is not part of my application for employment. I release all parties for all liability for any damage that may result from furnishing information, including this disclosure of my date of birth and this authorization to Duluth Holdings, Inc. and/or Fidelitec, LLC.

I authorize that a photocopy or fax of this authorization be accepted with the same authority as the original; and that this authorization be in effect throughout my candidacy for employment and, if employed by Duluth Holdings, Inc., this authorization remain in effect throughout my employment.

Print Name (First, Middle Initial, Last)

Signature

Date

Street City State Zip

SOCIAL SECURITY NUMBER ____	BIRTH DATE (MONTH/DAY/YEAR) / /
DRIVER'S LICENSE NO.	STATE EXPIRES

HR Representative Date _____ Initial _____