

Application for Employment in MA, MN, PA and RI

www.tjx.com

Referred By: _____

Please print clearly in ink. The TJX Companies, Inc. considers all applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, gender identity and expression, marital or military status, or based on any individual's status in any group or class protected by applicable federal, state, or local law. TJX also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. If you require an accommodation in the application process, please advise Management.

PERSONAL DATA

FULL NAME: _____
 Last First Middle

CURRENT ADDRESS: _____
 Street and Number

 City State Zip Code

PREVIOUS ADDRESS: _____
 Street and Number

 City State Zip Code

Preferred Name/Nickname (Optional)	Home Telephone Number	Cell Phone Number (Optional)	E-Mail Address (Optional)
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Have you ever applied to HomeGoods, Marshalls, T.J. Maxx or The TJX Companies, Inc.?

Yes No If yes, provide dates: _____

Have you ever worked for HomeGoods, Marshalls, T.J. Maxx or The TJX Companies, Inc.?

Yes No If yes, provide dates: _____ Location: _____

Do you know anyone who works for any of the TJX divisions?

Yes No Name: _____

How were you introduced to us? Employee Referral Newspaper ad Walk in Internet

Other _____ College/University Dept. of Employment Community Organization

If hired, and you are under 18, can you furnish a work permit? Yes No 18 or over

If hired, can you provide proof of identify and authorization to work in the United States? Yes No

EMPLOYMENT DESIRED

Position you are applying for: _____

Date Available for work*: _____

Total hours available per week*: _____

	S	M	T	W	T	F	S
From							
To							

What type of work are you looking for? Part-time Full-time Regular Temporary

Are you willing to relocate? Yes No If yes, where? _____ Will you travel? _____

*Should your availability change during the course of your employment, it may impact your employment status based on business needs. While we may be able to accommodate your availability limitations upon hire, we do not guarantee that we will be able to support these limitations in the future. Should our business needs change, we may require an adjustment in your availability in order to maintain employment status.

EXPERIENCE

Please give accurate and complete information. Start with present or most recent employer, including self-employment, part-time work, military employment and any work performed on a volunteer basis. Account for your entire employment history, including significant gaps in employment. All information must be included, even if you are attaching a resume.

Employer		Work Performed	
Address (Street, City, State)			
Telephone Number(s) ()			
Job Title	Supervisor		
Reason for Leaving			
Dates Employed		Hourly Rate/Salary	
From:	To:	Starting:	Final:
Employer		Work Performed	
Address (Street, City, State)			
Telephone Number(s) ()			
Job Title	Supervisor		
Reason for Leaving			
Dates Employed		Hourly Rate/Salary	
From:	To:	Starting:	Final:
Employer		Work Performed	
Address (Street, City, State)			
Telephone Number(s) ()			
Job Title	Supervisor		
Reason for Leaving			
Dates Employed		Hourly Rate/Salary	
From:	To:	Starting:	Final:
Employer		Work Performed	
Address (Street, City, State)			
Telephone Number(s) ()			
Job Title	Supervisor		
Reason for Leaving			
Dates Employed		Hourly Rate/Salary	
From:	To:	Starting:	Final:
Employer		Work Performed	
Address (Street, City, State)			
Telephone Number(s) ()			
Job Title	Supervisor		
Reason for Leaving			
Dates Employed		Hourly Rate/Salary	
From:	To:	Starting:	Final:

Please attach an additional sheet if necessary.

EDUCATION

Circle highest grade completed: Elementary 6 7 8 High School 9 10 11 12 College 13 14 15 16 17 18 19

HIGH SCHOOL _____
Name of School City State

DIPLOMA OR GED RECEIVED: Yes No

COLLEGE: (List all, whether or not degree was obtained)

NAME	LOCATION	MAJOR FIELD OF STUDY	MINOR FIELD OF STUDY	DEGREES/ CERTIFICATION	RECEIVED?

May we contact schools you attended to verify the above information? Yes No

SKILLS AND QUALIFICATIONS

Please check all that apply:

- | | | | |
|--|--|--|--|
| <input type="radio"/> Bookkeeping | <input type="radio"/> Microsoft® Excel | <input type="radio"/> Cash Office | <input type="radio"/> Fork-Lift Operator |
| <input type="radio"/> Calculator | <input type="radio"/> Microsoft® Outlook | <input type="radio"/> Cashier | <input type="radio"/> General Warehouse |
| <input type="radio"/> Data Entry | <input type="radio"/> Microsoft® Power Point | <input type="radio"/> Customer Service | <input type="radio"/> Inventory Clerk |
| <input type="radio"/> Financial Reports | <input type="radio"/> Microsoft® Word | <input type="radio"/> Merchandiser | <input type="radio"/> Maintenance |
| <input type="radio"/> General Clerical | | <input type="radio"/> Sales Associate | <input type="radio"/> Packer |
| <input type="radio"/> Payroll | | <input type="radio"/> Stock Room | |
| <input type="radio"/> Statistical Typing | | | |
| <input type="radio"/> Switchboard | | | |
| <input type="radio"/> Typing | Typing Speed: _____ | <input type="radio"/> Other: _____ | |

List any special training, experience, qualifications or skills relevant to the position for which you are applying:

PROFESSIONAL REFERENCES

Provide name, work relationship, email address (if available) and telephone number of three supervisors/managers or other professional references that are not related to you:

1) _____
Name Work Relationship Email Address Telephone Number

2) _____
Name Work Relationship Email Address Telephone Number

3) _____
Name Work Relationship Email Address Telephone Number

May we contact any of your references? Yes No

If not, who and why? _____

SECURITY

Have you ever taken any merchandise, money, or property from an employer without permission? Yes No

If yes, provide details: _____

SIGNATURE

READ CAREFULLY BEFORE SIGNING AS THESE ITEMS REPRESENT SIGNIFICANT MATTERS IN CONNECTION WITH YOUR APPLICATION:

It is unlawful in Massachusetts and Pennsylvania to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I certify that the statements and information furnished by me in this application are true and correct. I understand that omitted, false or misstated statements on this application are grounds for refusal to hire, or dismissal, at any time the Company becomes aware of the omitted, falsified, or misstated information.

I understand that The TJX Companies, Inc. is not obligated to provide me with employment and that I am not obligated to accept employment. I understand that nothing contained in this application, or conveyed during any interview that may be granted, or during my employment, if hired, is intended to create a contract for continued employment with The TJX Companies, Inc., except as required by applicable federal, state, and local law. In addition, if an employment relationship is established, unless I am employed in Montana, I acknowledge that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the Company or myself, and that this cannot be altered except by an express written agreement signed by myself and a designated officer of the Company. I further understand and agree that no manager or other representative of the Company has the authority to make any verbal promises or commitments to me with respect to any term, condition, or privilege of my employment including compensation. I further understand that no policy, benefit, or procedure contained in any employee handbook creates a contract for continued employment. I understand and agree that, if hired, I will be required to abide by all rules and regulations of The TJX Companies, Inc. and that my wages, benefits and conditions of employment can be changed by the Company at any time in its sole discretion.

I agree and hereby authorize The TJX Companies, Inc. to conduct a background inquiry to verify the information on this application and any Company form completed by me. I authorize all previous employers or other persons who have knowledge of me or my records, to release such information to The TJX Companies, Inc. or their agents. I hereby release The TJX Companies, Inc. and any persons or companies that participate in or conduct a background inquire regarding me from all claims or liabilities whatever that may arise by such disclosures or such investigation.

While I understand that this application will be kept on file for a period of up to one year, I further understand that this application will be considered active for a period not to exceed ninety (90) 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 being accepted for the position for which I am interested and, if so, submit a new application.

My Signature Certifies That I Have Read and Agree With The Above Statements.

Date of Application:

Signature of Applicant:

Management Only

Reviewed By:

Scheduled
Interview
Date:

Scheduled
Interview
Time:

Signature

Date: / /

Time: