COLLECTORS UNIVERSE, INC.

EMPLOYMENT APPLICATION

PLEASE PRINT		
Date Last Name	First Name	Middle
Address	City	State Zip
()Home Phone	Cell Phone	Social Security Number
Email address		
EMPLOYMENT DESIRED		
Regular part-time work? Temporary work, e.g., summer or	holiday work?	
What days and hours are you available for Are you available for work on weekends? Would you be available to work overtime, If hired, on what date can you start work?	if necessary?	
PERSONAL INFORMATION Have you ever applied to or worked for Co If yes, when?	llectors Universe before?	Yes No
Are you related to anyone working for Coll If yes, state name(s) and department:		
Do you know anyone that works for Collec	tors Universe	Yes No
If yes, state name(s) and department:		
If hired, can you present evidence of your Vare you able to perform the essential funct accommodation?	J.S. citizenship or proof of your legal ions of the job for which you are appl	a are of minimum legal age.)
,		☐ Yes ☐ No

EDUCATI	ION, TRAINING AND	EXPERIENCE					
					No. of years Completed	Did you Graduate?	Degree or Diploma
High						☐ Yes ☐ No	
School	Name						
	Address			City		State	Zip
College/ University	Name					☐ Yes ☐ No	
	Address			City		State	Zip
Vocational/ Business	Name					☐ Yes ☐ No	
	Address			City		State	Zip
	unemployment. Comple			Type of Business			_
Name of Employer			Type of Business			_	
Your Supervis	sor's Name and Title			Telephone No.		_	
Address & Str			City		State Zip		
Dates of E	mployment:From	То					
Your Position	and Duties						_
Reason for Le	eaving						_
Name of Emp	oloyer			Type of Business			_
	sor's Name and Title			() Telephone No.	· · · · · · · · · · · · · · · · · · ·		_
				rerephone two.			
Address & Str			City		State Zip		
Dates of E	mployment: From	To					
Your Position	and Duties						_
Reason for Le	eaving						_

EMPLOYMENT HISTORY, CONT. Name of Employer Type of Business Your Supervisor's Name and Title Address & Street City State Zip Dates of Employment: From То Your Position and Duties Reason for Leaving Name of Employer Type of Business Your Supervisor's Name and Title Address & Street City Dates of Employment: То From Your Position and Duties Reason for Leaving Note: Attach additional page(s) if necessary. **REFERENCES – Please list business references only.** No. of Years Acquainted Name Address, City, State, Zip Occupation 2. Telephone No. Name No. of Years Acquainted Address, City, State, Zip Occupation Name Telephone No. No. of Years Acquainted Address, City, State, Zip Occupation

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further Initials certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Initials company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. Initials In addition, I understand that Collectors Universe is an at-will employer, and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative. I understand that if I am hired, my employment will be at-will. Initials

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

Date

Applicant's Signature