

GOLDEN BRAID

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION	
Name FIRST MIDDLE LAST	Date
Address	Home Phone
	Day Phone
Desired starting salary range	E-mail address

POSITION AND AVAILABILITY	
Position applying for: _____	Location: _____
Type of employment preferred	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/temporary
Schedule available	SUN MON TUES WED THURS FRI SAT Days <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Evenings <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Special schedule requirements: _____	
Please indicate minimum and maximum hours available per week: _____	
Do you have any major vacations or time off planned in the next 6 months	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
What interests you most about working for Golden Braid? _____	
Have you been employed by Golden Braid before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where/when/position: _____
Number of years of retail experience: _____	

SKILLS AND KNOWLEDGE	
Please rate your level of experience using the following scale: 1 = none, 2 = limited, 3 = moderate, 4 = advanced, 5 = expert	
SALES & SERVICE <input type="checkbox"/> Sales <input type="checkbox"/> Cashier <input type="checkbox"/> Customer Service PRODUCT KNOWLEDGE <input type="checkbox"/> New age books	<input type="checkbox"/> New age music <input type="checkbox"/> Yoga <input type="checkbox"/> Tarot <input type="checkbox"/> Astrology <input type="checkbox"/> Crystals/Minerals <input type="checkbox"/> Auras/Chakras <input type="checkbox"/> 10-Key: Touch <input type="checkbox"/> Data Entry <input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel <input type="checkbox"/> Other PC skills LANGUAGE (other than english) <input type="checkbox"/> _____
<input type="checkbox"/> Shipping/receiving <input type="checkbox"/> Stocking <input type="checkbox"/> Typing (WPM)	RETAIL OPERATIONS <input type="checkbox"/> Typing (WPM)

EDUCATION AND TRAINING							
Name of school	City and state	From mo./year	To mo./year	Did you graduate?	Major	Grade point avg.	Degree obtained
High School							
College							
Other							

Do you plan to return to school? Yes No If yes, when? _____ Hours attending: _____

List other job-related special training, certifications, skills, experience, accomplishments and/or activities that should be considered for placement (exclude those that indicate age, race, color, religion or national origin)