

## JOB APPLICATION

Each section must be fully completed, even if you attach a resume | Applicants must be at least 19 years of age

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PERSONAL INFORMATION						
Applicant Name:						
Cell Phone Number: Home Phone Number:		Email Address:				
Address (Current):		City:	State:	Zip:		
Are you legally able to work in the U.S.? q Yes q No		Are you currently working? q Yes q No				
Are you at least 19 years of age? q Yes q No		Are you currently a student? q Yes q No				
Have you ever worked for this company before? q Yes q No		Have you ever been convicted of a felony or misdemeanor? q Yes q No If yes, please briefly explain:				
Are you willing to submit to a background check & drug test? q Yes q No						
POSITION APPLYING FOR						
Every position at Craft Station, Inc. is imp	ortant. We need and hire all position types.	Please check the option below that be	est describes what you	are applying for:		
q Full-Time   Long Term q Full-Time   Short Term 30+ hours/week 30+ hours/week		q Part-Time   Long Term q Part-Time   Short Term Less than 30 hours/week Less than 30 hours/week				
Growth opportunity to reach Position 06 See descriptions below	Growth opportunity to reach Position 03 See descriptions below	Growth opportunity to reach Positio See descriptions below				
Position Descriptions & Growth Opportun	ities:					
01   TRAINEE – ALL NEW EMPLOYEE  • Training to work as a Cashier 02   CASHIER  • Trains Trainees  • Follows the weekly schedule put forth b General Manager  03   INDEPENDENT CASHIER – previou  • Opens and/or closes the store  • Added responsibility levels as defined b  • Trains Cashiers on opening and/or closir responsibility levels  04   ASSISTANT MANAGER – previous  • Assist Store Manager in overall training and Independent Cashier  • Assist Store Manager in ordering invent  • Assist Store Manager with bookwork  • Assist Store Manager with banking	y the Store Manager and/or us leadership level plus: y Store Manager ng and applicable added leadership level plus: of Trainee, Cashier,	<ul> <li>05   STORE MANAGER – previous leadership level plus:</li> <li>Scheduling</li> <li>Ordering core inventory</li> <li>Store bookwork</li> <li>Banking</li> <li>Employee discipline</li> <li>Merchandising the store</li> <li>Makes oneself available to previous leadership levels</li> <li>Assists General Manager in the new-hire interview process</li> <li>Developing employees who can move up leadership levels</li> <li>06   GENERAL MANAGER – previous leadership level plus:</li> <li>Staffing, training, and supervising Store Managers</li> <li>Implementing the companies merchandising programs</li> <li>Implementing cash and inventory control</li> <li>Ensures day-to-day business activities that meet or exceed the vision and standards of the company:</li> <li>Setting performance goals and objectives while monitoring results with upper management</li> <li>A focus on employee moral</li> <li>A focus on customer happiness</li> <li>A focus on sales, profit &amp; loss management</li> </ul>				

AVAILABILITY									
Please check below when you are generally available to work:									
SUN	MON	TUE	WED	THU	FRI	SAT			
q Morning q Afternoon q Evening q Not Available	q Morning q Afternoon q Evening q Not Available	q Morning q Afternoon q Evening q Not Available	q Morning q Afternoon q Evening q Not Available	q Morning q Afternoon q Evening q Not Available	q Morning q Afternoon q Evening q Not Available	q Morning q Afternoon q Evening q Not Available			

Overnight Availability? Weekend Availability? Holiday Availability?

EDUCATION - PLEASE LIST MOST CURRENT SCHOOL ATTENDED							
School Name: School Local		tion:	Years Attended:		Degree Received:		
EMPLOYMENT HISTORY - PL	EASE ONI	LY LIST ONES RELEV	ANT TO THIS JOB				
Employer (1):	Job Title:		Dates Employed:		yed:		
Employer Address:				Employer Phone:			
Job Responsibilities:		Why did you leave?:		Supervisor Name:			
Job Responsibilities.		wify did you leave?.		Supervisor runie.			
Employer (2):	Employer (2):		Job Title:		Dates Employed:		
Employer Address:				Employer Ph	one:		
Job Responsibilities:		Why did you leave?:		Supervisor Name:			
		Job Title:		Dates Employed:			
Employer (3):		Job Title.		Dates Employed.			
Employer Address:				Employer Ph	one:		
Job Responsibilities:		Why did you leave?:		Supervisor Name:			
REFERENCES - BUSINESS & I	PROFESSIO	ONAL ONLY					
Name (1):	Title:	Company:			Phone:		
Name (2):	Title:		Company:		Phone:		
Name (3): Title:		Company:			Phone:		
SIGNATURE DISCLAIMER							
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated. Applications are active for 90 days. After 90 days if you wish to reapply a new application will need to be filled out.							
ELECTRONIC SIGNATURE AGREEMENT							
By typing your name below, you agree that this is your electronic signature and it has the same legal effect as a handwritten signature. You confirm that all information provided is true and complete.							
Name (please print):		Signature:					
Date:							