

CRAFTS DIRECT

Inspire • Create • Decorate

620 Sundial Drive
Waite Park, MN
(320) 654-0907

Application For Seasonal Employment

You are applying for a seasonal position at Crafts Direct.
Employment of seasonal team members ends in December.

P E R S O N A L	Last Name	First	Middle	Date			
	Street Address			Home Telephone ()			
	City, State, Zip			Business Telephone ()			
	Have you ever applied for employment with us? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Month and Year _____			Social Security #			
	Position Desired			Pay Expected			
	Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you 16 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> Must be at least 18 years old for janitorial, maintenance & warehouse positions			When will you be available to begin work? _____			
	If a position becomes available, are you interested in continuing your employment at Crafts Direct after December 31st? Yes <input type="checkbox"/> No <input type="checkbox"/>			How many hours a week are you able to work? _____			
	What days and hours are you available to work? (Weekend availability is necessary for all applicants)						
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:	

E D U C A T I O N		NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	HIGH SCHOOL					
	COLLEGE					
	BUSINESS, TRADE, TECHNICAL					

Other special training or skills (cash register, computer, arts & crafts, sewing, quilting, floral design, fine arts, painting, etc.)

REFERENCES

Please provide three personal references who were not previous employers and not relatives.

NAME **Address** **PHONE #**

_____	_____	_____
_____	_____	_____
_____	_____	_____

It is the policy of Crafts Direct to comply with federal and state law prohibiting discrimination of employees on the basis of race, color, creed, sex, age, national origin, marital status, sexual preference, handicap, status with regard to public assistance, disability, or other protected groups.

WORK HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. You must fill out each area completely in order to be considered for employment.

1	Company Name	Telephone ()	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Address	Employed - (State month and year) From To	
	Name of Supervisor	Hourly pay Start Last	
	State Job Title and Describe Your Work	Reason for Leaving	

2	Company Name	Telephone ()	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Address	Employed - (State month and year) From To	
	Name of Supervisor	Hourly pay Start Last	
	State Job Title and Describe Your Work	Reason for Leaving	

3	Company Name	Telephone ()	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Address	Employed - (State month and year) From To	
	Name of Supervisor	Hourly pay Start Last	
	State Job Title and Describe Your Work	Reason for Leaving	

4	Company Name	Telephone ()	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Address	Employed - (State month and year) From To	
	Name of Supervisor	Hourly pay Start Last	
	State Job Title and Describe Your Work	Reason for Leaving	

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE".

SIGNATURE _____ DATE _____