

The Toy Vault

Application for Employment

Personal Information

Name:		Email:	
Street Address:		City:	State:
			Zip:
Phone		Referred by:	

Education History

	Name/Location	Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Trade or Business School				

Employment History

Start/End Date Month and Year	Name and address of Employer	Salary	Position/ Responsibilities	Reason for Leaving

Are you currently employed? ____ Date you can start ____ / ____ Salary Desired ____

Have you ever applied to the Toy Vault before ____ If so which store _____

References

Name	Address	Phone Number	Relationship	Years Known

The Toy Vault

Application for Employment

1) What is your availability?
2) How many hours per week are you looking for and what kind of position are you looking for?
3) Which Toy Vault location(s) can you work at: RI Mall in Warwick RI , Warwick Mall in Warwick RI , Crystal Mall in Waterford CT and/or Emerald Square Mall in N. Attleboro, MA?
4) Describe your people skills.
5) What is your previous work experience in retail?
6) What do you know about toys?
7) What do you know about comics?
8) What do you know about Magic and other card games?
9) What do you know about video games?
10) What do you know about sports cards and memorabilia?
11) What other knowledge do you have about products we sell?
12) Explain your level of ability to multi task in your previous work experience.
13) Why would you make an outstanding addition to the Toy Vault staff?
Please list any other training, skills or items of interest you may have.

Authorization - "I certify 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 and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal and state laws."

Signature _____

Date ____ / ____ / _____