

# 4750 Eisenhower Avenue, Alexandria, VA 22304 703-823-0202 | www.ArtisticArtifacts.com | sales@ArtisticArtifacts.com

Thank you for your interest in becoming part of the creative team at Artistic Artifacts. Our mission is to provide our customers with a broad range of products for their fiber and mixed media interests. We pride ourselves on providing outstanding customer service, a welcoming environment, and a wealth of knowledge to inspire our customers to achieve their creative goals and become loyal customers. In accepting a position with us, this mission becomes yours.

As part of the team at Artistic Artifacts, staff are required to meet the following expectations:

- Available 2-3 days per week to include Saturdays and an occasional evening; possible weekend only schedule
  available.
- For Sales Associates, previous experience selling BERNINA products is highly desired;
- For Sales Associates, strong experience in quilting and/or garment sewing;
- Competency in computer usage for using the point of sale system and inventory management;
- Ability to be stand / move about the store on your feet for 6 8 hours;
- Maintain knowledge of current fabric collections in order to efficiently pull and cut fabrics for in store shoppers and online orders;
- Maintain a working knowledge of mixed media products and resources to help customers;
- Participate in daily shop upkeep which includes housekeeping, restocking, re-merchandising.
- Must be able to assist customer and other staff with lifting/moving 40-50 lbs, (the approximate weight of a packaged sewing machine);
- Available for offsite development and product training outside scheduled shift as required (with compensation for the additional hours);
- Participate in house staff training and meetings, to include the weekly staff meetings every Wed from 9-10:00 (participate in-person or via zoom)

Our goal is to encourage creativity and provide a positive environment to encourage our customers' self confidence in their skills and techniques. Each staff member must possess a self-motivated desire to learn about the products and services we offer to inform and inspire our customers.

The key responsibility of each team member is to bring profit to the business in order to achieve our mission through positive customer and staff interactions and careful management of our resources.

If you are ready to become part of our team and take and accept these responsibilities, please complete the attached application and return it to Artistic Artifacts. Once we have an opportunity to review your application, we will contact you.

Again, thank you for your interest in joining our Creative Minds at Artistic Artifacts.



# **APPLICATION FOR EMPLOYMENT**

## **PERSONAL INFORMATION**

|                                      |                     |                 | Date                 |                |
|--------------------------------------|---------------------|-----------------|----------------------|----------------|
| Name                                 | First               | Middle          | Maiden               |                |
|                                      | Number              |                 |                      |                |
|                                      | Number              |                 | State Zip            |                |
| _                                    |                     |                 | se list age          |                |
|                                      |                     |                 |                      |                |
| EMPLOYMENT                           | DESIKED             |                 |                      |                |
| Position applied for                 | •                   | Days/hours      | s available to work: |                |
|                                      |                     |                 |                      |                |
|                                      |                     |                 |                      |                |
| How many hours ca                    | an you work weekly? | Can yo          | ou work nights?      |                |
|                                      |                     | □PART-TIME ONLY | □FULL- OR PART-TIM   | E              |
| When are you availa                  | able to start work? |                 |                      |                |
|                                      |                     |                 |                      |                |
| <b>EDUCATION</b>                     |                     |                 |                      |                |
| TYPE OF SCHOOL                       | NAME OF SCHOOL      | LOCATION        | YEARS<br>COMPLETED   | MAJOR & DEGREE |
| High School                          |                     |                 |                      |                |
|                                      |                     |                 |                      |                |
| College                              |                     |                 |                      |                |
|                                      |                     |                 |                      |                |
|                                      |                     |                 |                      |                |
| Business or Trade School             |                     |                 |                      |                |
|                                      |                     |                 |                      |                |
| Professional or                      |                     |                 |                      |                |
| Graduate School                      |                     |                 |                      |                |
|                                      |                     |                 |                      |                |
| Please describe other training,      |                     |                 |                      | 1              |
| seminars,                            |                     |                 |                      |                |
| coursework, etc. that applies to the |                     |                 |                      |                |
| job.                                 | 1                   |                 |                      |                |

#### **WORK EXPERIENCE**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

| Name of Employer<br>Address      | Name of last supervisor | Employment dates | Pay or salary |
|----------------------------------|-------------------------|------------------|---------------|
| City, State, Zip<br>Phone number |                         | From             | Start         |
|                                  |                         | То               | Final         |
|                                  | Your last job tit       | le               |               |

#### Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| Name of Employer<br>Address      | Name of last supervisor | Employment dates | Pay or salary |
|----------------------------------|-------------------------|------------------|---------------|
| City, State, Zip<br>Phone number |                         | From             | Start         |
|                                  |                         | То               | Final         |
|                                  | Your Last Job Title     |                  |               |

#### Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| Name of Employer<br>Address      | Name of last supervisor | Employment dates | Pay or salary |
|----------------------------------|-------------------------|------------------|---------------|
| City, State, Zip<br>Phone number |                         | From             | Start         |
|                                  |                         | То               | Final         |

#### Your last job title

#### Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| Are you currently employed?                                    |                             |                              | Yes          | □ No         |
|--|-----------------------------|------------------------------|--------------|--------------|
| May we contact your present employer?                          |                             |                              | ☐ Yes        | □ No         |
| Did you complete this application yourself                     |                             |                              | ☐ Yes        | □ No         |
| If not, who did?   |                             |                              |              |              |
| Have you ever been convicte                                    | ed of a felony?             |                              | ☐ Yes        | □ No         |
| If yes, explain number of con                                  | viction(s), nature of offer | nse(s) leading to conviction | n(s), how re | cently such  |
| offense(s) was/were committed                                  | ed, sentence(s) imposed     | , and type(s) of rehabilitat | ion          |              |
| Have you ever been in the ar                                   | med forces?                 |                              | ☐ Yes        | □ No         |
| Specialty  |                             | Discharge                    | Date         |              |
| Are you now a member of the                                    |                             | Discharge                    | □ Yes        | <br>□ No     |
| If hired, can you provide prod                                 |                             |                              | ☐ Yes        | □ No         |
| or proof of your legal right to                                | -                           | untry?                       | <b>—</b> 103 | <b>4</b> 110 |
| Have you ever been employe                                     |                             | <b>,</b> .                   | ☐ Yes        | □ No         |
| If yes, when?  | • •                         |                              |              |              |
| Do you have any friends or relatives employed by this company? |                             |                              | □ Yes        | □ No         |
| If yes, please provide their na                                |                             |                              |              |              |
|  |                             |                              |              |              |
| If hired, would you have a rel                                 | liable means of transport   | ation to and from work?      | ☐ Yes        | □ No         |
| Are you able to perform the                                    | essential functions and d   | uties                        | ☐ Yes        | □ No         |
| of the job for which you are a                                 | applying?                   |                              |              |              |
| If not, please describe the ful                                | nctions or duties you are   | unable to perform            |              |              |
|  |                             |                              |              |              |
| REFERENCES   |                             |                              |              |              |
|  |                             | have be and also afternoon   |              |              |
| Please list below three persor personal qualifications within  |                             | nave knowledge of your       | work pertorn | nance and/or |
|  |                             |                              |              |              |
| Name Occupation  |                             | n                            |              |              |
|  |                             |                              |              |              |
| Company name   | Address                     |                              |              |              |
| Telephone  | E-mail                      | Years acqu                   | ıainted      |              |
|  |                             |                              |              |              |
| Name   |                             | Occupatio                    | <u> </u>     |              |
|  |                             | Cocapatio                    | •            |              |
| Company name   | Address                     |                              |              |              |
|  |                             |                              |              |              |
| Telephone  | E-mail                      | Years acqu                   |              |              |

| Name   | me Occupation                   |   |  |
|--|---------------------------------|---|--|
| Company name                                       | Address                         |   |  |
| Telephone  | E-mail                          | Years acquainted  |  |
| Experience/Skills (                                | quilting, sewing, fibe          | er arts related:  |  |
| -  |                                 |   |  |
|  |                                 |   |  |
|  |                                 |   |  |
| Memberships in Gu                                  | uilds and/or organizat          | tions:  |  |
|  |                                 |   |  |
| ADDITIONAL INFO                                    | RMATION                         |   |  |
| An application form some background. Use the space | etimes makes it difficult for a | n individual to adequately summarize a complete dditional information necessary to describe your ou are applying. |  |
|  |                                 |   |  |
|  |                                 |   |  |
|  |                                 |   |  |
|  |                                 |   |  |
|  |                                 |   |  |
| Signature of applicant                             |                                 |   |  |
| o.gataro or appriount                              |                                 |   |  |

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

## **Artistic Artifacts**

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