



## Application for Employment

We're so excited you are interested in joining our team of quirky, cool sock enthusiasts! We pride ourselves on being a joyful bunch whose sparkling personalities help our community of customers find the perfect pairs of socks. If you're an enthusiastic, hardworking person who enjoys downtown SLO and loves putting a smile on people's faces, you may be a great fit for The Sock Drawer!

The Sock Drawer, Inc. provides equal employment opportunity to all qualified persons, and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please:

- Complete all items on the application, even if the information is included on your resume.
- Sign and date your application
- Submit your application and resume via our job posting on [indeed.com](https://www.indeed.com), by email to [careers@sockdrawer.com](mailto:careers@sockdrawer.com), or in person at 852 Higuera Street, San Luis Obispo.

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Name:	Phone:
Present Address:	
Permanent Address (if different):	
Email Address:	

Position applying for:

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How did you hear about our company and this job opening?

Please tell us why you are the best fit for this job.

What motivates you?

It's your day off. What three things are you going to do?

Are you legally eligible for work in the U.S.A.?	<input type="radio"/> Yes	<input type="radio"/> No
If applicable, are you available for overtime?	<input type="radio"/> Yes	<input type="radio"/> No
If hired, would you have means of reliable transportation to and from work?	<input type="radio"/> Yes	<input type="radio"/> No
Are you at least 18 years old? > If under 18, hire subject to verification that you are of minimum legal age	<input type="radio"/> Yes	<input type="radio"/> No
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? > If no, please explain:	<input type="radio"/> Yes	<input type="radio"/> No

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

## Availability

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The Sock Drawer is open 362 days a year and has dedicated staff covering every day of the week. Being a member of our team **REQUIRES** that you are available to work on weekends and holidays. Part time employees must be available a minimum of 4 days per week, for a minimum of 5 consecutive hours each of those 4 days. This does not guarantee that you will receive 20 hours / 4 days of work each week, but you must have availability to be scheduled for a minimum of 20 hours / 4 days each week.

Are you available 3-5 days per week, every week?	<input type="radio"/> Yes	<input type="radio"/> No
Are you available to work weekends?	<input type="radio"/> Yes	<input type="radio"/> No
Are you available to work holidays?	<input type="radio"/> Yes	<input type="radio"/> No
Are you available to work during summers and school vacations?	<input type="radio"/> Yes	<input type="radio"/> No

Please share your current availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Shift 1 typically 9am-2pm	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Shift 2 typically 1:45pm to 6:15/9:15pm	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Do you have any upcoming availability changes (seasonal job, school schedules, traveling plans, etc.)? Please describe in detail:

I agree to all availability terms listed above. I understand that time off requests are not guaranteed. I understand there is a high level of commitment required of all Sock Drawer employees, and agree that maintaining 20 hours of work availability is a requirement of the job.

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Employment History**

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Employer:			
Supervisor Name & Phone:			Length of Employment:
Address:		Supervisor Email:	
Start Date:	End Date:	Starting Position:	Ending Position:
Responsibilities:			
Reason for Leaving:			

May we contact?  Yes  No

Employer:			
Supervisor Name & Phone:			Length of Employment:
Address:		Supervisor Email:	
Start Date:	End Date:	Starting Position:	Ending Position:
Responsibilities:			
Reason for Leaving:			

May we contact?  Yes  No

Employer:
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Supervisor Name & Phone:			Length of Employment:
Address:		Supervisor Email:	
Start Date:	End Date:	Starting Position:	Ending Position:
Responsibilities:			
Reason for Leaving:			

May we contact?  Yes  No

Employer:			
Supervisor Name & Phone:			Length of Employment:
Address:		Supervisor Email:	
Start Date:	End Date:	Starting Position:	Ending Position:
Responsibilities:			
Reason for Leaving:			

May we contact?  Yes  No

Have you ever been discharged, or asked to resign from a position of employment?  Yes  No

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 Please list 3 personal references (not related to you) who have knowledge of your work performance within the last three years:

Name	Relationship	Phone & Email
Name	Relationship	Phone & Email
Name	Relationship	Phone & Email

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Education:

School	Degree Earned	Location
School	Degree Earned	Location
School	Degree Earned	Location

Special certifications or training:

In addition to your work history and education, are there any other skills, qualifications, or experience we should consider?

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I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company for my immediate termination from employment. I authorize The Sock Drawer, Inc. to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to The Sock Drawer Inc. by any of the schools, services, or employers listed on this application.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initial : \_\_\_\_\_

I hereby authorize The Sock Drawer, Inc. references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initial: \_\_\_\_\_

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initial: \_\_\_\_\_

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Initial: \_\_\_\_\_

Signed X	Date
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