

Seams Like Home

2375 E. 63rd Ave. #2
Anchorage, Alaska 99507
907-677-8790

APPLICATION FOR EMPLOYMENT

This application for employment is good for 45 days only
Consideration for employment after 45 days requires a new application.

EQUAL OPPORTUNITY EMPLOYER

Seams Like Home Quilt Shoppe is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, sexual orientation, national origin, disability or handicap, or veteran status.

PLEASE PRINT

Name _____
Last First Middle

Address _____
Number Street

Address _____
City State Zip Code

Phone Number(s) _____

Social Security Number _____ - _____ - _____

Position applied for _____

Available start date _____

How did you hear about SLH? _____

What type of work are you seeking? Full Time Part Time

Store hours are M-F 10-7pm, Sat. 10-5pm, Sun. 12-5pm. Weekend hours are required.

Are you at least 18 years or older? Yes No

If no, you may be required to provide authorization to work.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

Proof of identity and citizenship or immigration status will be required upon employment.

Have you been convicted of a felony within the last seven (7) years? ___Yes ___No

Conviction will not necessarily disqualify an applicant.

If yes, please explain _____

Have you been employed with us before? ___Yes ___No

If yes, give dates _____

Have you ever filed an application with us before? ___Yes ___No

If yes, give dates _____

Do you have any relatives or friends who work for the Company? ___Yes ___No

If yes, provide names _____

Are you currently employed? ___Yes ___No

If yes, may we contact your current employer? ___Yes ___No

If yes, why are you looking to leave your current employer? _____

Are you currently on "lay off" status and subject to recall? ___Yes ___No

Can you travel if job requires it? ___Yes ___No

Have you ever been discharged or asked to resign from a job? ___Yes ___No

If yes, explain: _____

Computer Skills:

Typing ___Yes ___No If yes, words per minute _____

Data Entry ___Yes ___No

Word Processing ___Yes ___No

Excel Spreadsheets ___Yes ___No

Other Software Skills _____

PC computer ___Yes ___No

Mac computer ___Yes ___No

Mechanical Aptitude:

Do you enjoy taking things apart to see how they work? ___Yes ___No

If yes, explain: _____

Teaching Skills:

Do you enjoy and are you comfortable teaching and sharing knowledge in large groups? ___Yes ___No

If yes, explain: _____

Skills Inventory

The skills inventory is not a determining factor for employment based on your level of experience. It is a tool to determine types of training we employ for our team.

An honest appraisal of your specific skills will be most beneficial.

Please rank the following topics on a scale of 1 to 3 (1=experienced 2=somewhat familiar 3=not familiar)

Quilting

- Machine Piecing
- Machine Quilting
- Trapunto
- Threads & Quilting
- Color Coordinating
- Hand Quilting & Sashiko

Describe any specific skills you have in quilting. _____

Home Decorating

- Creating window treatments
- Variety of pillows
- Lampshades
- Color palette in home
- Serger and home decorating
- Machine Embroidery for the home

Describe any specific skills you have in home decorating. _____

Heirloom

- Smocking
- Pleating
- Pin tucking
- Entredaux
- Winged Needlework
- Serger and Heirloom
- Fabric selection
- Lace creation by machine
- Crazy Quilting by hand

Describe any specific skills you have in heirloom sewing. _____

Machine Embroidery

- Internet interface with sewing machines
- Digitizing software
- Multiple stabilizer choices
- Operating an embroidery machine
- Lettering techniques
- Thread choices with embroidery

Describe any specific skills you have in machine embroidery. _____

Clothing

- | | | |
|---|--|---|
| <input type="checkbox"/> General construction | <input type="checkbox"/> Children's Clothing | <input type="checkbox"/> Adult clothing |
| <input type="checkbox"/> Advanced tailoring | <input type="checkbox"/> Alternations | <input type="checkbox"/> Knit construction |
| <input type="checkbox"/> Embellishments | <input type="checkbox"/> Serger construction | <input type="checkbox"/> Embroidery on clothing |

Describe any specific skills you have in machine embroidery. _____

Do you have any other special skills, qualifications, experience and/or training that would enhance your ability to perform for the position applied?

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize to verify their accuracy and to obtain reference information on my work performance.

I hereby release Seams Like Home (Employer) from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer.

However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____

Date _____

APPLICATION FOR EMPLOYMENT

**PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER**

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PREVIOUS ADDRESS IF LESS THAN 3 YEARS	APT. NO.	CITY	STATE	ZIP
PHONE #	CELL PHONE #	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL		EMERGENCY CONTACT	NAME	PHONE

LAST

DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
REASON FOR LEAVING			
NAME OF LAST SUPERVISOR AT THIS COMPANY			
HOW DID YOU FIND OUT ABOUT THIS POSITION?			
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISING	<input type="checkbox"/> FRIEND	<input type="checkbox"/> ONLINE AD
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALK IN	<input type="checkbox"/> OTHER

FIRST

MIDDLE

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES

LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT.

	NAME	ADDRESS	BUSINESS	PHONE NUMBER
1				
2				
3				
4				

SERVICE RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY/NO CONTEST TO, OR HAD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY OFFENSE (OTHER THAN A MINOR TRAFFIC VIOLATION)? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN.

(A CONVICTIONAL RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY LAW.)

AUTHORIZATION

"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 AND EMPLOYERS 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 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 SPECIFIED 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 (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

DATE _____

SIGNATURE _____