

EMPLOYMENT APPLICATION



DOWNTOWN vaporium

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It is the policy of Downtownvaporium.com to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information

Applicant Name: _____

Address: _____

City/State/ZIP: _____

Number of years at this address: _____

Daytime Phone: _____

Evening Phone: _____

Email: _____

Prefer to be contacted by (circle one): Phone /Email

Social Security Number: _____

Driver's License (State/Number): _____

Job Position and/or Location Applied For: (Check all that apply)

Location: Downtown Vaporium(Clearwater) ☐ Downtown(Dunedin) ☐

Island Vape Shop(Clearwater Beach) ☐

Position: Sales Associate ☐ Assistant Manager ☐ Store Manager ☐

Hours: Part Time ☐ Full Time ☐

Emergency Contact

Who should be contacted in case of an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/Zip _____

Daytime Phone: _____ Evening Phone: _____

Job Information:

1. Salary Desired: \$_____ per _____
2. Who referred you to our company? _____
3. Have you applied to our company previously? _____ Yes _____ No
If yes, when? _____
4. Are you at least 18 years old? _____ Yes _____ No
5. How will you get to work? _____
6. Are you willing to work any shift, including nights and weekends?
_____ Yes _____ No if no, please state any limitations:

7. If applicable, are you available to work overtime? _____ Yes _____ No
8. If you were offered employment, when would you be available to begin work?

9. Are you legally eligible for employment in the United States? _____ Yes _____ No
(Proof of identity and eligibility will be required upon employment)

Applicant's Skills

Check those skills that you have. List any others skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number that corresponds to your ability for each particular skill. (1 = Poor Ability, while 5 = Exceptional Ability.)

Skill	Years of Experience	Ability or Rating
() Typing	_____	1 2 3 4 5
() Word, Excel, etc	_____	1 2 3 4 5
() Filing	_____	1 2 3 4 5
() Customer Service	_____	1 2 3 4 5
() Answering Telephones	_____	1 2 3 4 5
() Filling / Packing orders	_____	1 2 3 4 5
() Inventory	_____	1 2 3 4 5
() Production	_____	1 2 3 4 5
() Other	_____	1 2 3 4 5

Sales Associate Job Description: (All applicants must also initial)

By initialing below you are agreeing that you are capable of performing the job functions related to the job or position you are applying for.

___ Standing long periods of time ___ Able to multi-task and help multiple customers

___ Identify customer needs ___ Able to communicate effectively

___ Maintaining a neat and tidy work environment

___ Working in a noisy environment without losing focus or being distracted

Are you able to perform the essential functions as stated above, related to the job position, with or without reasonable accommodation? ___ Yes ___ No

What accommodations need to be made, if any, to fulfill the desired position?

Ecig Knowledge:

Do you currently vape? ___ Yes ___ No

If yes, how long have you been vaping? ___

Describe your current device or set up _____

On a scale of 1-10, 10 being the highest, rate your overall E-cig knowledge _____

1) What is the difference between a top and bottom-feeding tank? _____

2) What is the difference between an Ego battery and a mod? _____

3) What is the difference between a clearomizer and a cartomizer? _____

What other skills, training, or qualities do you possess that makes you qualified for the position applied for?

Applicant Employment History

List your current or most recent employment first.

1) Company Name: _____

Supervisor's Name: _____

Address: _____

City/ State/ ZIP: _____

Job Duties: _____

Dates of Employment (Month / Year): _____

What was the reason for leaving? _____

May we contact your previous / current employer? ____Yes ____ No

Supervisor's Contact Number: _____

2) Company Name: _____

Supervisor's Name: _____

Address: _____

City/ State/ ZIP: _____

Job Duties: _____

Dates of Employment (Month / Year): _____

What was the reason for leaving? _____

May we contact your previous / current employer? ____Yes ____ No

Supervisor's Contact Number: _____

3) Company Name: _____

Supervisor's Name: _____

Address: _____

City/ State/ ZIP: _____

Job Duties: _____

Dates of Employment (Month / Year): _____

What was the reason for leaving? _____

May we contact your previous / current employer? ____Yes ____ No

Supervisor's Contact Number: _____

Applicant's Education and Training

1. College / University Attended :

Name and Address: _____

Did you receive a degree? _____ Yes _____ No

If yes, what type of degree was received: _____

What year did you graduate? _____

2. High School / GED Attended:

Name and Address: _____

Did you receive a degree? _____ Yes _____ No

If yes, what type of degree was received: _____

What year did you graduate? _____

3. Other Training (graduate, technical, vocational)

4. Awards, Honors, Special Achievements:

5. Military Service: _____ Yes _____ No

Branch: _____

Specialized Training: _____

6. Have you been convicted of a crime in the past 10 yrs, other than a minor traffic violation?

_____ Yes _____ No - Checking yes does not disqualify you from being considered.

Please explain the nature of the conviction.

Please answer the following questions:

- 1. If you ring up a sale of \$15.66 and the customer gives you a \$20, what type of change would you give? Please give the number of each type of bill and coin.**

.01	\$1
.05	\$5
.10	\$10
.25	\$20

- 2. If you ring up a sale of \$4.44 and the customer gives you a \$20, what type of change would you give? Please give number of each type of bill and coin.**

.01	\$1
.05	\$5
.10	\$10
.25	\$20

Look at Column A and B for each question carefully and check if they are Alike or Different.

Question	Column A	Column B	Alike	Different
3	ADFJKL	ADFTKL		
4	15964.258	15964.258		
5	Ph 512-867-5309	Ph 512-867-5309		
6	Peachtree St NE	Peachtree St NW		
7	KAD 693	KAD 963		

REFERENCES:

List only individuals willing to provide a reference

Name: _____ Address: _____

City/State/Zip: _____ Telephone: _____

Name: _____ Address: _____

City/State/Zip: _____ Telephone: _____

Name: _____ Address: _____

City/State/Zip: _____ Telephone: _____

CERTIFICATION:

I Certify That The information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Downtown vaporium.com to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I Authorize Those Persons designated as references to fully and freely communicate information regarding my previous employment and education.

I authorize Downtown vaporium.com to conduct a criminal background check and understand by doing so I'm Not Forfeiting My chances of employment, nor will Be Considered A disqualified applicant.

If an Employment relationship is created, I understand that unless I'm offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will". In Other Words, the relationship will be entirely voluntary in nature, and either my employer or I will be able to terminate the employment relationship at anytime and without cause. With Appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. No Agent, representative, or employee of downtownvaporium.com, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

APPLICANT'S PRINTED NAME