



310 Jefferson Street | Lafayette, LA 70501

Phone: (337) 534-8614 Email: info@parishink.com Website: parishink.com

Job Description Overview – SALES ASSOCIATE

As a Sales Associate, you will report directly to the Store Owners. You will work to create a stimulating, clean and organized shopping environment for our customers.

- Provide <u>excellent</u> service to all customers through direct salesmanship, and prompt and courteous service; completing each transaction in a quick and efficient manner.
- Develop thorough knowledge of all merchandise carried in the store(s) and offering selection guidance to customers.
- Generate sales, restock, merchandising, operations, loss prevention, and adherence to all company guidelines and procedures.
- o Collaborate productively and respectfully with team members to meet or exceed store goals.

Employment Application

Parish Ink, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out ALL sections

Applicant Information

Name (First, Middle, Last):		
Home Address:		Apt #:
City:	State:	Zip Code:
Cell Phone: () Work Pho	ne: ()	
Email Address:		
May we contact you at work? \Box Yes or \Box N	o Preferred me	thod of communication:
How were you referred to Parish Ink?		
Availability		
Availability		
Type of employment you will accept: \Box Full tin	ne 🗆 Part time	Temporary/Seasonal
How did you learn about this position?		



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What days and hours are you available for work?

Day of Week	Start Time	End Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

If hired, on what date can you start working? ____ / ___ / ___ / ___ Can you work on the weekends? □ Yes or □ No Can you work evenings (after 5PM)? □ Yes or □ No Are you available to work overtime? □ Yes or □ No

Minimum acceptable salary: \$_____ (per hour

Personal Information:

If hired, would you have transportation to/from work? \Box Yes or \Box No

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes or
No

Are you authorized to work in the United States for any employer?

Yes or
No

Are you willing to submit to and pass a drug screening analysis for substance abuse?
□ Yes or □ No

Are you willing to submit to and pass a criminal history report? □ Yes or □ No

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? \Box Yes or \Box No

If <u>no</u>, describe the functions that cannot be performed:

(Note: Parish Ink, LLC complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)



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Have you ever been convicted of a criminal offense (felony or misdemeanor)? □ Yes or □ No

If \underline{yes} , please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

High	School Name:
	School City, State:
	Number of years completed: Did you graduate? \Box Yes or \Box No
	Degree/diploma earned:
Colle	ege/University/Vocational School: School Name:
	School City, State:
	Number of years completed: Did you graduate? \Box Yes or \Box No
	Degree/diploma earned:
Colle	ege/University/Vocational School: School Name:
	School City, State:
	Number of years completed: Did you graduate? \Box Yes or \Box No
	Degree/diploma earned:
litary Bran	ch of Service: Rank in Military: Years of Service:
Skills	S/Duties:
	ed Details:
Relat	



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Employment History

Current Employer (Most Recent):								
City: State:								
Phone Number: ()	Employed From:	/	_/	Employed To:	_/	_/		
Beginning Position Title:			Last Position Held:					
Immediate Supervisor of Last Position Held:			Last Wage Earned:					
Reason for Leaving (Be Specific): _								
Briefly Describe Your Job Responsibilities/Duties:								
Previous Employer:								
City:	State:							
Phone Number: ()	Employed From:	/	_/	Employed To:	_/	_/		
Beginning Position Title:			Last Position Held:					
Immediate Supervisor of Last Position Held:		Last Wage Earned:						
Reason for Leaving (Be Specific): _								
Briefly Describe Your Job Responsibilities/Duties:								
Previous Employer:								
City:	State:							
Phone Number: ()	Employed From:	/	_/	Employed To:	_/	_/		
Beginning Position Title:		Last Position Held:						
Immediate Supervisor of Last Position Held:		Last Wage Earned:						
Reason for Leaving (Be Specific): _								
Briefly Describe Your Job Responsib	pilities/Duties:							



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References

Please list the names and telephone numbers of individuals who can provide information regarding your work performance. Please include at least two (2) past supervisor. Current employer will not be contacted without your permission.

Name	Phone Number	Relationship

□ I give my consent to contact my current employer.

Authority to Release Information

I certify that all of the facts given in this Application for Employment are true and complete to the best of my knowledge and hereby consent to the release of information and investigation of this information by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, personnel professionals/technicians and other authorized employees for the purposes of investigations as prescribed by law.

I also understand that my employment may be contingent upon the results of a drug screening analysis for substance abuse. The results of such analysis may be grounds for disqualifying me or terminating my employment. I certify that I do not use, and have not in the past ninety (90) days used, illegal drugs.

I understand that false statements are grounds for my application for employment being denied and/or subject me to dismissal from *Parish Ink, LLC*.

I understand that, if employed, I will be an employee at will; that is, my employment will be for no definite period of time, but rather, will be subject to termination by myself or **Parish Ink, LLC** at any time for any reason.

I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE STATEMENT.

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Date: ___ / ___ / ___

Parish Ink, LLC is committed to a policy of nondiscrimination and equal employment opportunity for all persons regardless of race, color, religion, age, sex, national origin, disability, sickle cell trait, veteran status, sexual orientation, or any characteristics protected by law.

Submit your completed application, via email, to: parishinkretail@gmail.com