

TELL US ABOUT YOURSELF

HOW LONG HAVE YOU LIVED IN CLEVELAND?

WHAT ARE YOUR FAVORITE YARNS TO WORK WITH?

LIST ANY SKILLS RELEVANT TO THE POSITION:

WHAT BRINGS YOU HERE ?

WHY WOULD YOU LIKE TO WORK FOR RIVER COLORS?

EDUCATION

NAME AND ADDRESS OF SCHOOL

HIGH SCHOOL

COLLEGE

POST COLLEGE

TRADE SCHOOL

OR OTHER

SUBJECTS STUDIED AND DEGREES EARNED

CIRCLE LAST YEAR	DID YOU COMPLETED	GRADUATE?	DEGREES EARNED
1 2 3 4	Y N		
1 2 3 4	Y N		
1 2 3 4	Y N		
1 2 3 4	Y N		

I hereby authorize R.C.S. to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by R.C.S. to provide any relevant information regarding my current and/or previous employment, and I release all persons, schools, and employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of R.C.S. I understand that nothing contained in this application, or conveyed during any interview, which may be granted is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate R.C.S. to hire me. I understand and agree that my employment is at will, which means that it is not for a specified period and may be terminated by me, or R.C.S. at any time without prior notice for any reason.

SIGNATURE

Date

...MORE ABOUT YOU...
WHAT ARE YOU PASSIONATE ABOUT?

WHAT TYPES OF PROJECTS DO YOU LIKE TO DO?

HOW WOULD YOUR FRIENDS DESCRIBE YOUR PERSONALITY?

WHAT IS THE MOST CREATIVE THING YOU HAVE EVER DONE?

RIVER COLORS STUDIO

APPLICATION FOR EMPLOYMENT



RIVER COLORS STUDIO IS AN EQUAL OPPORTUNITY EMPLOYER, DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN, THE PRESENCE OF MENTAL, PHYSICAL OR SENSORY DISABILITY, SEXUAL ORIENTATION, OR ANY OTHER BASIS PROHIBITED BY FEDERAL OR STATE LAW.



Yarns, Jewelry and Fiber Gifts

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Lakewood, OH 44107
www.rivercolors.com

POSITION APPLYING FOR:
RETAIL
INTERNET SERVICES
TEACHING

PERSONAL INFORMATION

NAME LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER

TODAY'S DATE

OTHER NAMES YOU ARE KNOWN BY:

ARE YOU LESS THAN 18 YEARS OF AGE? YES NO

R.C.S. IS REQUIRED TO COMPLY WITH FEDERAL AND STATE LAW

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS? YES NO ☐ if yes, list convictions that are a matter of public record (arrests are not convictions.) A conviction will not necessarily disqualify you from employment.

PRESENT ADDRESS

STREET
CITY
STATE
ZIP CODE

PERMANENT ADDRESS

STREET
CITY
STATE
ZIP CODE

PHONE NUMBER
DAYTIME
EVENING

EMAIL
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO ☐ (Proof of U.S. Citizenship or immigration status will be required.)

PREVIOUS EMPLOYERS

List below your current and last three employers, starting with the most recent one first. Please include any non-paid/volunteer experience which is related to the job for which you are applying. Please complete even if you reach a resume.

JOB #1 Employer Name, Address, & Type of Business

STARTING WAGE:
ENDING WAGE:
POSITION
DUTIES PERFORMED
DATES OF EMPLOYMENT From: To:
SUPERVISOR NAME PHONE # MAY WE CONTACT? Y N

JOB #3 Employer Name, Address, & Business Type

STARTING WAGE:
ENDING WAGE:
POSITION
DUTIES PERFORMED
DATES OF EMPLOYMENT From: To:
SUPERVISOR NAME PHONE # MAY WE CONTACT? Y N

JOB #2 Employer Name, Address, & Business Type

STARTING WAGE:
ENDING WAGE:
POSITION
DUTIES PERFORMED
DATES OF EMPLOYMENT From: To:
SUPERVISOR NAME PHONE # MAY WE CONTACT? Y N

JOB #4 Employer Name, Address, & Business Type

STARTING WAGE:
ENDING WAGE:
POSITION
DUTIES PERFORMED
DATES OF EMPLOYMENT From: To:
SUPERVISOR NAME PHONE # MAY WE CONTACT? Y N

REFERENCES: please provide the names of three professional references you have known at least 1 year.

NAME BUSINESS PHONE # YEARS KNOWN/HOW?
NAME BUSINESS PHONE # YEARS KNOWN/HOW?
NAME BUSINESS PHONE # YEARS KNOWN/HOW?



AVAILABILITY

CHECK THE DAYS YOU'RE AVAILABLE: SPECIFY HOURS AVAILABLE EACH DAY:

SUNDAY ☐ From: To:
MONDAY ☐ From: To:
TUESDAY ☐ From: To:
WEDNESDAY ☐ From: To:
THURSDAY ☐ From: To:
FRIDAY ☐ From: To:
SATURDAY ☐ From: To:

ARE YOU AVAILABLE TO WORK DURING HOLIDAYS? Y N

MAP OUT YOUR IDEAL SCHEDULE:
WHEN DO YOU WANT TO WORK?

SUNDAY ☐ From: To:
MONDAY ☐ From: To:
TUESDAY ☐ From: To:
WEDNESDAY ☐ From: To:
THURSDAY ☐ From: To:
FRIDAY ☐ From: To:
SATURDAY ☐ From: To:

DATE YOU CAN START: