

Creative Framing & The Art Box

Application for Employment

Date ____ / ____ / ____

Name _____ Phone (____) ____ - _____

Email _____ Messaging (____) ____ - _____

Address _____

City _____ State _____ Zip _____

How long have you lived at that address? _____ If less than 2 years, please include your previous address:

Do you have another (more permanent) address where you would prefer to have your W2's mailed?

General Information

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? If so, please explain: _____

Have you had any recent or past illness or operations which might hinder your ability to perform the duties of the job for which you are applying? If so, please explain: _____

Do you have a hobby that has a direct bearing on the job for which you are applying? _____

Referred by: _____

Employment Desired

Position for which you are applying: _____ When can you report for work? _____

Starting salary expected? _____ Ever applied to this company before? _____ When? _____

Education

	Name	City, State	Field of Study	Last year completed
High School				
College/University				
Technical/Business				
Additional				

US Military (Branch) _____ Highest Rank _____ Duty Specialty _____

Skills & Experience

- Regular Mats
 Regular Fitting
 Dry Mounting
 Frame Building
 Retail Sales
 Billing
 French Mats
 Unusual Fitting
 Hinge Mounting
 Chopping
 Ordering
 Calculator
 Fabric Mats
 Shadowboxes
 Sew Mounting
 Carpentry
 Bookkeeping
 Computer
 Conservation matting & mounting
 Interior Design
 Power Drill
 Power Saw
 Telephone
 Painted Lines & bevels
 Graphic Design
 Art History Background
 Art Supply Sales Experience
 Personal Experience with Variety of Art Supplies
 Counter work with customers (designing pictures)
 Other (Please Specify) _____

Former Employers

Dates From/To	Company Name	City/State	Titles & Duties	Supervisor Name & Phone	Monthly Salary	Reason for Leaving

May we inquire of your present employer? _____ Past employers? _____

References

(Give the names and addresses of three people who know you well and to whom we may refer.)

Name	Address	Phone and/or Email	Occupation	Years Acquainted

Additional Information

How long do you expect to be in Charlottesville?

Do you intend to be in town during:

December Holiday Season _____ Thanksgiving Holiday Season _____ Summer _____

At this time, Creative Framing & The Art Box do not provide health insurance other than Workman's Compensation.

The Charlottesville shop is currently open Tuesday – Friday 10-6, Saturdays 10-4. The Crozet and Lynchburg shops are currently open Tuesday – Friday 11-6, Saturday 11-4. These hours are subject to change.

Employees receive a discount on their framing orders and art supply purchases.

The Dreaded Math Test

(You may write excuses in the margins.)

$$\begin{array}{r} 1 \frac{3}{16} \\ + 1 \frac{7}{16} \\ \hline \end{array}$$

$$\begin{array}{r} 2 \frac{7}{8} \\ \times 2 \\ \hline \end{array}$$

$$\begin{array}{r} 28 \frac{3}{8} \\ + 3 \frac{3}{4} \\ \hline \end{array}$$

$$\begin{array}{r} 27 \frac{3}{4} \\ + 14 \frac{13}{16} \\ \hline \end{array}$$

$$\begin{array}{r} 30 \frac{7}{8} \\ - 4 \frac{5}{16} \\ \hline \end{array}$$

$$\begin{array}{r} 19 \frac{3}{4} \\ \times 4 \\ \hline \end{array}$$

$$\begin{array}{r} 26 \frac{3}{4} \\ + 4 \frac{1}{2} \\ \hline \end{array}$$

$$\begin{array}{r} 9 \frac{1}{2} \\ \times 2 \\ \hline \end{array}$$

$$\begin{array}{r} 2 \frac{1}{2} \\ + 2 \frac{3}{4} \\ \hline \end{array}$$

$$25 \frac{3}{8} \div 2 = \underline{\hspace{2cm}}$$

After completing this written application, we may interview you personally and have you demonstrate your design and framing talents. If you are new to framing, our purpose is to discover your starting point, and to give you an idea of the operations involved in the framing process. Don't worry – it's fun!

I authorize investigation of all statements contained in this application. I release from all liability all persons, companies, and corporations supplying such information and I indemnify this employer against any liability which might result from making such investigation. I understand that misrepresentation or omission of facts called for is cause for dismissal. If employed by this employer, compensation is for no definite period, and can be terminated with or without cause and with or without notice, at any time at the option of either this employer or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by this employer.

I hereby authorize the company to conduct an investigative consumer report on me, as defined in Public Law 91-508, and I understand that such a report may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that if any inquiry is made, more information as to its nature and scope will be supplied upon written request.

Date _____ Signature _____

This organization is an equal opportunity employer. Federal and state law prohibits discrimination in employment practices because of race, color, religion, sex, age or national origin. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration of employment because of their race, color, religion, sex, age or national origin.