



Job Description – Retail Sales Associate

- Able to operate a cash register including 10-key data entry
- Responsible for opening and closing the store
- Knowledge of basic jewelry assembly and the ability to explain beading techniques to customers. Do not apply if you do not have beading experience, we must insist that you are comfortable in your beading knowledge
- Answering the phone and assisting customers with registering for classes
- Sorting, bagging, and tagging inventory to display
- Restocking shelves and beads (must be able to lift a minimum of 5lbs and bend/stand for long periods of time)
- Pay based on experience, employee discount and classes are free to employees

When your application is complete, bring it in to the store.
Applications will NOT be accepted via email.



**The Colorado
Bead
Company**

Application for Employment

Name			Date
Address			
City	State	Zip	Phone
Email			Are you eligible to work in the US?
How many hours do you want to work during a week? Minimum and maximum?			
Have you worked in retail?	With a cash register?	Made jewelry with beads or wire?	
Date you can start?	Pay desired?	Position desired?	
Are you currently employed?	With whom?	Phone number of employer?	
Supervisor name		May we inquire with your present employer?	

EDUCATION

	Name	Years attended	Did you graduate?	Subjects studied
High School				
College				

Beading + other relevant experience

Please list all beading techniques you know, as well as retail and volunteer experience relevant to this position:

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Employment History

Company name	Supervisor	Phone number
Address	Position	Rate of Pay
Employment dates (month + year)	Job Title + description of duties	
Reason for leaving		

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Address	Position	Rate of Pay
Employment dates (month + year)	Job Title + description of duties	
Reason for leaving		

REFERENCES

Name	Phone	Relationship
Business name		Years known

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Business name		Years known

AUTHORIZATION

I certify that the facts contained in this application are true, correct, and complete. 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 and other relevant federal and state laws.

I do authorize The Colorado Bead Company to run my credit report and perform a background check.

Signature	Date
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The Colorado Bead Company is an equal opportunity employer; prospective employees will receive consideration without discrimination because of race, creed, sex, age, sexual orientation, national origin or veteran status.

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DRUG AND/OR ALCOHOL TESTING CONSENT FORM

You do not need to complete this when you apply, but know that you will be required to authorize drug and alcohol testing to be employed at the Colorado Bead Co.

I hereby agree, upon a request made under the drug/alcohol testing policy of The Colorado Bead Company (the Company), to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

