

	Please print all in	formation requested e	except for	signature	
		ts may be tested for ill	legal drug	ıs	
At which uPaint location	do you wish to apply?				
Plainfield, IN	Greenwood, IN	Hamilton Town Cen	ter	_Columbus, OH	
			Date		_
Name		A4: 1 11			
Last	First	Middle		Maiden	
Address		City	Ctata	7:-	
Street		City	State	Zip	
Email Address:					
Cell Phone			If under	18, list age	
Emergency Contact Na	me:				
Cell Phone Number: _					
1		T			
Education			Num	ber of Years	

Education	Name of School	Location (City)	Number of Years Completed	Major/Degree
High School				
College				
Business or Trade School				
Professional School				

# **Work Experience**

Please list your work experience for the past three years beginning with your most recent job held. Attach additional sheets if necessary.

Name of employer		Name of last supervisor	Employment dates	Pay or salary		
Address			From:	Start:		
City, State, Zip			To:	Final:		
Phone number		Your last job title:				
Reason for leaving (be specific):						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:						
Name of employer		Name of last supervisor	Employment dates	Pay or salary		
Address			From:	Start:		
			To:	Final:		
Phone number		Your last job title:				
Reason for leaving (be specific:		Trour last job uno.				
List the jobs you held, duties performed, skills used or lear	ned, advancemen	its or promotions while you wo	ked at this company:			
May we contact your present employer?	Yes	No				
Did you complete this application yourself? Yes		No				
If not, who did?						
ii not, who did:						
Do you have a current drivers license?	No					
Please list two references other than relatives or previous employers:						
Name:		Name:				
Position:		Position:				
Company:		Company:				
Address:		Address:				
Phone:		Phone:				

## **Work Availability**

Please indicate below the days in which you are available to work. By indicating the day and shift times you are available does not guarantee you will be scheduled during this time, just gives management a general indication of the hours/shifts you are available each week. Place a check next to the shifts you are available to work on a weekly basis -

	Monday	10am -	– 4pm	4pm – 9pm			
	Tuesday	10am -	– 4pm	4pm – 9pm			
	Wednesday	10am -	– 4pm	4pm – 9pm			
	Thursday	10am -	– 4pm	4pm – 9pm			
	Friday	10am -	– 4pm	4pm – 10pm _			
	Saturday	10am -	– 4pm	4pm – 9pm			
	Sunday	11am -	– 6pm				
Approx	imately how ma	ny hours	s per week would you like	to be schedule	d?		
If your availability changes from what is stated on this form, we ask that you complete and submit a new availability form. If your availability changes and your schedule no longer fit the needs of uPaint, you may see a decrease in hours or be dismissed from the team.							
Employ	ee Signature: _					Date:	
Getting to Know You							
Have y	ou ever painted	pottery	(not required)?		Yes	No	
	If yes, what did	l you pai	int and did you have fun?	·			
Are you related to any current or past uPaint team members?  Yes  No							
If yes, please give us their name							
Why are you interested in working at uPaint?							
What is your definition of exceptional customer service?							
Have you held any positions of leadership? Please explain?							
What would you like to be when you grow up?							
Besides playing, what do you think our pottery fairies (team members) do daily?							

### PLEASE READ CAREFULLY

### **APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by uPaint Pottery Studio LLC (hereinafter called 'the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of uPaint Pottery Studio Corporation, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and uPaint Pottery Studio Corporation may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references and others, and hereby release the Company from any liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of application	Date:
to race, color, religion, sex, sexual orientation, national or	re to a policy of making employment decisions without regard rigin, citizenship, age or disability. We assure you that your apany depends solely on your qualifications.
Thank you for completing this applica	tion form and for your interest in uPaint!