



Walls of Clay  
211 North Kentucky Street  
McKinney, TX 75069  
[www.wallsofclaymckinney.com](http://www.wallsofclaymckinney.com)  
[info@wallsofclaymckinney.com](mailto:info@wallsofclaymckinney.com)

**Applicant Information**

Please complete the entire application...

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Please read carefully:** Our normal studio hours are Tuesday/Wednesday 11:00am – 6:00pm, Thursday/Friday 11:00am – 9:00pm, Saturday 10:00am – 6:00pm and Sundays 1:00 – 5:00. Often we host a private event that occurs after studio hours, these shifts typically end around 9:00pm.

Days/Hours available to work (please be specific)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

How many hours can you work per week? \_\_\_\_\_ Minimum hours/wk \_\_\_\_\_ Maximum hours/wk

What date can you begin? \_\_\_\_\_

list any days in the next 3 months when you are unavailable to work: \_\_\_\_\_

Have you ever been convicted of a crime?  No  Yes

If yes, explain in detail \_\_\_\_\_

**Education**

Type of School	Name of School	Location City, State	Years Attended To and From	Major Degree
High School				
College				
Business/Trade				
Professional School				

**Current/Previous Employment**

Please list your work experience for the past three (3) years beginning with the most current. Attach additional sheets if necessary...

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Street Address	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	FROM:	START:
City, State, Zip		TO:	FINAL:
Phone Number	Your Last Job Title		
Reason for leaving:			
List the jobs you held, duties performed, skills used, advancements or promotions while you worked for this company...			

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Street Address	May We Contact:  [ ] Yes [ ] No	FROM:	START:
City, State, Zip		TO:	FINAL:
Phone Number	Your Last Job Title		
Reason for leaving:			
List the jobs you held, duties performed, skills used, advancements or promotions while you worked for this company...			

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Street Address	May We Contact:  [ ] Yes [ ] No	FROM:	START:
City, State, Zip		TO:	FINAL:
Phone Number	Your Last Job Title		
Reason for leaving:			
List the jobs you held, duties performed, skills used, advancements or promotions while you worked for this company...			

Have you ever been involuntarily terminated from a position of employment? [ ] Yes [ ] No  
 If so, please explain (note: this does not apply to a layoff or reduction in force for economic reasons).

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**References**

Please list two references other than relatives and/or current and previous employers:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

**Pre-Employment Questionnaire**

Are you related or know anyone currently employed? [ ] Yes [ ] No

If yes, list name and how you know this person: \_\_\_\_\_  
\_\_\_\_\_

Do you have reliable transportation to and from work? [ ] Yes [ ] No

Why do you want to work at Walls of Clay? \_\_\_\_\_  
\_\_\_\_\_

What is your definition of excellent customer service? \_\_\_\_\_  
\_\_\_\_\_

What are two or three things that are important to you in a job? \_\_\_\_\_  
\_\_\_\_\_

Are there any accomplishments of which you are especially proud of? \_\_\_\_\_  
\_\_\_\_\_

In the space provided below, please answer the following two (2) questions:

(1) What skills, qualifications and/or experience do you have that may be useful to this position?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) If you could have dinner with 1 famous person [alive or deceased]; (a) who would you choose (b) why would you select this person and (c) what would you eat?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_