



Walls of Clay
211 North Kentucky Street
McKinney, TX 75069
www.wallsofclaymckinney.com
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 Thursday/Friday 12:00pm – 6:00pm, Saturday 10:00am – 6:00pm and Sundays 12:00pm – 6:00pm. Often, we host a private event that occurs after studio hours, these shifts typically end around 9:00pm. During school holidays, we are open 6 - 7 days a week.

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? _____

Are you interested in seasonal (summer only) employment or year-round? Check all that apply:

_____ Seasonal _____ Year-Round

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: <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: <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...			

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).

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?

