

SANDRA HOLDING LLC DBA
PANDORA™

Application for Employment

Date: _____

Name: _____
 (Last) (First) (Middle)

Address: _____
 (Street) (City) (State) (Zip)

Phone: _____ Email: _____

Desired Position: _____ Social Security Number (Last 4): xxx-xx-_____

Desired Wages: _____ Desired Status: Full Time Part Time Seasonal

If hired, when are you available to start? _____

Are you currently employed? Yes No Are you legally eligible for employment in the US? Yes No

Are you 18 years of age or older? Yes No Are you willing to work over-time? Yes No

Are you willing to work nights, weekends and holidays? Yes No

Which location are you applying for? _____

Have you applied to Pandora before? If so, when/which location? _____

Are you able to work any other locations? If so, please specify: _____

How did you hear about this opportunity? _____

Referred By: _____

Professional References (please do not include friends or family members)

Reference Name	Job Title & Employer Name	Best Phone #	Relationship to Applicant

Education

	Name & Location of School	Did you Graduate?	Degree Earned / Course of Study
High School			
College/University			
Trade/Business			
Other:			

Work Experience (List most recent history first. Please complete even if you submit a resume)

FROM	TO	EMPLOYER/COMPANY	PHONE
JOB TITLE		ADDRESS	
MANAGER NAME		JOB DESCRIPTION/RESPONSIBILITIES:	
ASSISTANT MANAGER			
REASON FOR LEAVING:			MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO

FROM	TO	EMPLOYER/COMPANY	PHONE
JOB TITLE		ADDRESS	
MANAGER NAME		JOB DESCRIPTION/RESPONSIBILITIES:	
ASSISTANT MANAGER			
REASON FOR LEAVING:			MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO

FROM	TO	EMPLOYER/COMPANY	PHONE
JOB TITLE		ADDRESS	
MANAGER NAME		JOB DESCRIPTION/RESPONSIBILITIES:	
ASSISTANT MANAGER			
REASON FOR LEAVING:			MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO

We will contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT contact employer(s): _____ Reason: _____

Please list any specialized skills, training, certification, including foreign languages spoken fluently, that you consider applicable for this job:

Please complete the following:

Describe your ideal job: _____

What motivates you? _____

Do you consider yourself successful? How do you define success? _____

How do you want to improve yourself within the next year? _____

If hired, what are your expectations of the company? _____

If hired, what could we expect of your performance? _____

How long do you expect to work for us if hired? _____

What do you like most about your last (current) job? _____

What aspects do you like least? _____

When we contact your previous employers, what will they tell us about your performance? _____

What will they say needs improvement? _____

Please check the appropriate box that best describes you:

If you had enough money to retire, would you? Yes (or) No

Are you a Big Picture Thinker (or) Detail Oriented

Do you prefer to work Alone (or) Team Environment

Do you prefer a Structured Organization (or) Minimal Supervision

AVAILABILITY ACKNOWLEDGEMENT:

Applicant Information: (Please Print Clearly in Ink)

First Name: _____ Last Name: _____

Date Available to Work: _____ Upcoming Time Off: _____

Day of the Week / Hours of Operation	Range of Hours Available (Example: 5pm-9:30pm)
Sunday / 11AM-6PM (or 10AM-7PM)	
Monday / 10AM-9PM	
Tuesday / 10AM-9PM	
Wednesday / 10AM-9PM	
Thursday / 10AM-9PM	
Friday / 10AM-9PM	
Saturday / 10AM-9PM	

The following dates are considered BLACKOUT dates where there will be no vacation requests off during this time. The dates include our busiest times throughout the year when we have promotions and holidays: two weeks leading up to Valentine’s Day, two weeks leading up to Mother’s Day, November 18th – January 10th, August and March Promotions.

I will be expected to meet my commitment to this availability. If I have availability changes, I will submit my new availability request to the Store Manager in writing. I understand that Sandra Holding LLC (PANDORA) is not obligated to agree to a new availability request.

I understand the Store Manager will make an effort to support occasional changes in availability. I also understand that in order for my availability request to be approved, it must meet the needs of the business and if it is not approved, it may result in a reduction of my scheduled hours. I further understand that the scheduled hours I receive will be based on business needs, my availability and my performance. I am not guaranteed any specific hours per week, and my days off and shifts may vary from week to week.

Signature: _____

Date: _____

Please Read Before Signing:

Sandra Holding LLC dba Pandora is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

At-Will Employment

The relationship between you and Sandra Holding LLC dba Pandora is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Sandra Holding LLC dba Pandora. No representative of Sandra Holding LLC dba Pandora has the authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Executive Officer or the Company’s President.

Applicant Signature: _____

Dated: _____