

# Circle of Stitches, LLC

## Application for Employment

I understand that this application or any communication by management is not intended to create and does not create a contract of employment, offer, or promise of employment by Circle of Stitches LLC.

Circle of Stitches LLC is an equal opportunity employer.

**Please attach a cover letter and resume to this application.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Are you authorized to work in the United States? YES NO

How many hours per week are you interested in working? \_\_\_\_\_

What days of the week are you available? \_\_\_\_\_

Please list/explain skills that you feel qualify you for work at Circle of Stitches LLC:

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Part of the associate responsibilities at Circle of Stitches, LLC include managing ecommerce and online orders.

Do you have experience managing any ecommerce platforms? If so, which ones? \_\_\_\_\_

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Social media is an important part of our branding. What experience do you have with social media? Have you ever used social media as part of business marketing or in any professional capacity? \_\_\_\_\_

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Have you ever been convicted of a felony? YES NO

If yes, please explain: \_\_\_\_\_

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Are you currently employed at another yarn or craft related business? YES NO

I certify that all information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement.

I authorize Circle of Stitches LLC or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to Circle of Stitches LLC or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information.

I hereby release from liability Circle of Stitches LLC and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information.

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

Applicant Signature: \_\_\_\_\_

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