SALES ASSOCIATE APPLICATION

University of Massachusetts, Amherst
One Campus Center Way
Amherst, MA 01003
(413) 545-2619
employment@umassstore.com

PERSONAL INFORMATION

First Name*	Middle Name*	Last Name*	Today's Date (MM/DD/YYYY)*
			_____ / _____ / _____
Address (Number, Street)*		City, State, Zip Code*	Country*
Cell Phone* (_____) _____-_____	Email Address*		Referred By (If applicable)

ELIGIBILITY

Are you at least 18 years old?*	Are you legally authorized for employment in the United States?*	Will you now or in the future require sponsorship for employment work authorization to work in the United States?*	What is your current employment status?*
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Current Student ☐ Employed Full-Time ☐ Self-Employed ☐ Unemployed
Have you applied to the UMass Store before?*	**If yes, when?**	**If yes, did you have an interview?**	**Preferred Interview Type***
☐ Yes ☐ No		☐ Yes ☐ No	☐ In-person ☐ Zoom

FORMER EMPLOYMENT *(If any. Start with last employer)*

Company Name	☐ Current Job	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
		_____ / _____ / _____	_____ / _____ / _____
Address		City, State, Zip Code	Country
Name of Supervisor		Phone (_____) _____-_____	
Job Held and Responsibilities		Reason for Leaving	Last Pay Rate

Company Name	☐ Current Job	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
		_____ / _____ / _____	_____ / _____ / _____
Address		City, State, Zip Code	Country
Name of Supervisor		Phone (_____) _____-_____	
Job Held and Responsibilities		Reason for Leaving	Last Pay Rate

AVAILABILITY

Please list the days and hours you are available to work. Check all the days of the week you are available and specify your available hours for each day.*
Note that you must provide availability to be considered for hiring

	Available*	Available Hours (from 8am-7pm)*
Monday	☐	
Tuesday	☐	
Wednesday	☐	
Thursday	☐	
Friday	☐	
Saturday	☐	
Sunday	☐	

Please specify the maximum number of hours you are willing to work per week.*	**What is the maximum number of hours you would like to work per day or shift?*** ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8
Are you aware that your scheduled shifts are based on the availability you provide in this application, and any changes may impact your scheduling?* ☐ Yes ☐ No	**Please indicate your earliest available start date (MM/DD/YYYY)*** _____ / _____ / _____

PREFERENCES

Please rank your preferred departments of employment from 1 to 5, with 1 being your top choice. *
Note that positions in some departments may not be available.

	Registers/Front-End	Apparel	Technology	Supplies/Gifts	Web Orders
1 (Top Choice)	☐	☐	☐	☐	☐
2	☐	☐	☐	☐	☐
3	☐	☐	☐	☐	☐
4	☐	☐	☐	☐	☐
5 (Last Choice)	☐	☐	☐	☐	☐

EDUCATION

HIGH SCHOOL

Name of School*	**City, State***	**Country***
Did you Graduate?* ☐ Yes ☐ No ☐ GED	**What month & year did you graduate (if applicable)?***	

UNDERGRADUATE SCHOOL (IF APPLICABLE)

Name of School	City, State	Country
Major	**Minor**	
Did you Graduate? ☐ Yes ☐ No ☐ Currently Enrolled	**If you answered "Yes" to graduating, what month & year did you graduate?**	**If you answered "No" to graduating, what month & year did you leave school?**
If you are currently enrolled, what is your class level? ☐ First Year ☐ Sophomore ☐ Junior ☐ Senior ☐ Other: _____		**Expected Graduation Year**

GRADUATE SCHOOL (IF APPLICABLE)

Name of School	City, State	Country
Did you Graduate? ☐ Yes ☐ No ☐ Currently Enrolled	**If you answered "Yes" to graduating, what month & year did you graduate?**	**Field of Study/Degree**

OTHER EXPERIENCE

Please list any organizations, clubs, groups, teams, or fellowships you are currently involved in.	How many years of Customer Service experience do you have (if any)?*

Please list any relevant experience or skills you have in customer service, technology/electronics, retail, and/or apparel, excluding employment experience.

1		5	
2		6	
3		7	
4		8	

On a scale of 1 to 5, where 1 represents novice and 5 represents expert, please rate your experience level in the following areas:*

	1 (Novice)	2	3	4	5 (Expert)
Customer Service	☐	☐	☐	☐	☐
Registers	☐	☐	☐	☐	☐
Technology Sales	☐	☐	☐	☐	☐
Merchandising	☐	☐	☐	☐	☐
Cash Handling	☐	☐	☐	☐	☐
Online Order Processing	☐	☐	☐	☐	☐

REFERENCES

Name (First, Last)		Email	Primary Phone (_____) _____-_____
Company	Relation	Title	Years Acquainted
Address		City, State, Zip Code	Country

Name (First, Last)		Email	Primary Phone (_____) _____-_____
Company	Relation	Title	Years Acquainted
Address		City, State, Zip Code	Country

ADDITIONAL INFORMATION

In case of emergency, please notify:

Name (First, Last)	Relation	Email	Primary Phone (_____) _____-_____

Comments (if any)

☐ I certify that the information provided in this application for employment is true, correct, and complete. If employed, any misstatements or omissions of facts on this document may result in my dismissal.

☐ I understand that acceptance of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

☐ I authorize the UMass Store to conduct an investigation on my credit and personal history. If a report is obtained, the UMass Store must provide at my request the name of the agency so I may review the nature and substance of the information in the report.

☐ I understand that employment at the UMass Store is at-will, which means either the employee or the employer may terminate the employment relationship at any time, with or without notice or cause.

Please sign or type your full name below. This will serve as your electronic signature, confirming that the information provided is accurate.

_____ _____

Signature ***Date (MM/DD/YYYY)***