



Chef's Shoppe

GOURMET KITCHEN • POPCORN • CANDY STORE

Retail Employment Application

Applicant Information

Applicant Name _____

Phone _____

Street _____

City _____

State & Zip _____

Age (if under 21): _____

How were you referred to the company? _____

Availability Please be honest with your answers so we can set a schedule that will work for both you and us.

What days and hours are you available to work?

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____ Sunday _____

Thursday _____

How many hours per week can you work? _____

Please answer the Following Questions:

Why are you applying to work here?

If hired, how long do you expect to work here?

What makes you a great candidate for a position at our shop?

Why do customers shop at this store?

What do you know about Chef's Shoppe products & services?

What does Customer Service mean to you?

What is the best characteristic for a sales associate to have?

Without saying "Can I help you?" what other ways can you greet a customer?

A customer complains that the coffee tastes terrible, what would you do?

A customer leaves without paying for an item, what would you do?

Math Questions:

The customer's purchase totals \$13.93. They give you a ten dollar bill and a five dollar bill. How much change do you give them?

If one bottle of soda costs .99, how much does three cost? How much will they cost with 5% sales tax added on?

Each pot of coffee holds 6 cups. We usually sell 10 cups of coffee every fifteen minutes. How many pots of coffee will you need to make per hour?

Personal Information:

If hired, would you have transportation to/from work? ___ YES ___ NO

Are you willing to work evening and weekends? ___ YES ___ NO

Would you consider late night/overnight shifts if they were available? ___ YES ___ NO

Can you lift 30-50 pounds? ___ YES ___ NO

	Name	Location	Year Graduated	Degree Earned
High School				
College				
Business, Vocational, Military				

Previous Employment:

Employer Name _____

Job Title _____

Duties Performed _____

Supervisor's Name _____

Employer's Address _____

Dates Employed _____

Reason for Leaving _____

May we contact them: ___ YES ___ NO

Employer Name _____

Job Title _____

Duties Performed _____

Supervisor's Name _____

Employer's Address _____

Dates Employed _____

Reason for Leaving _____

May we contact them: ___ YES ___ NO

What have you done at your previous jobs to increase revenue, reduce costs or save time?

How do you feel about taking direction from someone younger than you?

Where do you see your career in 5 years?

References:

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Name: _____ Relationship: _____

Address: _____

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Address: _____

Phone Number: _____