



Vernon Powell Shoe Company has been delivering excellent customer service for over 80 years while carrying the latest innovations and trends in footwear, apparel and accessories. As a Sales Associate in our store, you will be selling quality merchandise while maintaining our standard of service. You will work as part of a team to meet department and store objectives.

Key Accountabilities:

Meeting and making a connection with customers, asking questions and listening to shoppers' needs, then giving options and advice on meeting those needs
Inspiring the customer to buy, celebrating the purchase, and creating a lasting positive impression of you, Vernon Powell, and the purchase
Maintaining selling floor presentations, and restocking them as needed
Learning Vernon Powell's systems and procedures to enhance selling efficiencies and complete support duties

Skills Summary:

Nights and Weekend availability are preferred
Enthusiastic, friendly, and energetic with a genuine desire to provide outstanding service
Strong interpersonal and communication skills
Ability to multi-task, while being attentive to customers and remaining flexible to the needs of the business
Ability to work as part of a team, and take initiative independent of direct supervision

Full and Part time positions available. Health Insurance (partially funded by employee), 401k, and other benefits available.

Pay negotiable based on experience

Please Fill Out The Questionnaire & Application Below

Once you have completed the form, print it out and drop by our store to see a hiring manager or send it as an attachment to vpshoeco@aol.com.

Our store is open 10-6 Monday -Thursday, 10-7 Friday & Saturday, 11-6 Sunday. Do you have open availability during these hours (if not please specify availability)?

YES NO

Full-time or Part-time employment? (specify number of hours per week if Part-time)

Full Time Part Time Either Hours Per Week: _____

Part of your job duties will include measuring and placing shoes on feet, as well as receiving freight. Can you handle touching feet, and can you lift approximately 30lbs? (if no, please explain)?

Describe what you think we mean when we say you must be capable of delivering exceptional customer service.

Tell us about any relevant experience that you may have that will help you succeed at Vernon Powell.



**VERNON
POWELL**

Vernon Powell Shoe Company (a Maryland Corporation)
Vernon Powell Shoe Company (a Delaware Corporation)
The Athlete, Inc.

An Equal Opportunity Employer

GENERAL INFORMATION

DATE OF APPLICATION:		DATE AVAILABLE FOR WORK:		POSITION DESIRED:			WAGE DESIRED:															
NAME: First		Middle		Last		HOURS DESIRED:																
						FULL TIME <input type="checkbox"/> (35 or more hrs. per wk.) PART TIME <input type="checkbox"/> (Less than 35 hours per wk.) SEASONAL <input type="checkbox"/>																
EMAIL ADDRESS:				Please indicate the hours you are available to work during both day and evening: (i.e 10 am - 6 pm or 6 pm - 9 pm)																		
STREET ADDRESS:				Are you at least 18 years old? YES <input type="checkbox"/> NO <input type="checkbox"/>																		
				(If you are under 18, you may be required to provide a work permit prior to working.)																		
CITY:		STATE:		ZIP:		<table border="1"> <thead> <tr> <th>MON.</th> <th>TUES.</th> <th>WED.</th> <th>THURS.</th> <th>FRI.</th> <th>SAT.</th> <th>SUN.</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.							
MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.																
TELEPHONE: Home		Other																				

WORK EXPERIENCE

List your previous work experience beginning with your most recent position

EMPLOYER:					STARTING POSITION:			STARTING SALARY:	
ADDRESS: STREET CITY STATE ZIP					LAST POSITION:			FINAL SALARY:	
PHONE:		SUPERVISOR: Name and Title			DUTIES:				
REASON FOR LEAVING:					DATES OF EMPLOYMENT: From To				

EMPLOYER:					STARTING POSITION:			STARTING SALARY:	
ADDRESS: STREET CITY STATE ZIP					LAST POSITION:			FINAL SALARY:	
PHONE:		SUPERVISOR: Name and Title			DUTIES:				
REASON FOR LEAVING:					DATES OF EMPLOYMENT: From To				

EMPLOYER:					STARTING POSITION:			STARTING SALARY:	
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PHONE:		SUPERVISOR: Name and Title			DUTIES:				
REASON FOR LEAVING:					DATES OF EMPLOYMENT: From To				

May we contact your current employer? YES NO

REFERENCES

REFERENCE (not related to you):				
ADDRESS:	STREET	CITY	STATE	ZIP
PHONE:	JOB TITLE:			
HOW ACQUAINTED AND FOR HOW LONG:				

REFERENCE (not related to you):				
ADDRESS:	STREET	CITY	STATE	ZIP
PHONE:	JOB TITLE:			
HOW ACQUAINTED AND FOR HOW LONG:				

Are you acquainted with / related to any current VP Shoes employees? Yes No If yes, list name(s) _____

EDUCATION and TRAINING

SCHOOL	Please print name, street, city, state and zip code for each school	No. of Yrs. Completed	Degree?	Type of Course/Major
High School				
College				
Additional Training				
Additional Training				

ADDITIONAL EMPLOYMENT HISTORY

Have you ever been dismissed or forced to resign from any employment?
 Yes No
 If yes, please explain _____

Why are you interested in working for our company?

What strengths would you bring to our company?

What didn't you like about your previous jobs?

PERMISSION TO WORK

If employment is offered, can you submit verification of your legal right to work in the U.S.?
 Yes No

APPLICANT'S STATEMENT

If I am employed, I agree to abide by the rules and regulations of **Vernon Powell Shoe Company (a Maryland Corporation), Vernon Powell Shoe Company (a Delaware Corporation), or The Athlete, Inc.** hereafter referred to as "The Company." I understand my employment will begin with a 90-day probationary period. I also understand my employment is AT-WILL. This means that I do not have a contract of employment for any particular duration or limiting the grounds for my termination in any way. I am free to resign at any time similarly. The Company is free to terminate my employment at any time for any reason.

All of the information I provided herein is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature: _____ Date: _____

This application will only be considered for three months. If you have not been hired within three months of filling out this application and you wish to continue to be considered for employment, you must fill out another application.

FOR OFFICE USE ONLY

