



APPLICATION FOR EMPLOYMENT

TODAY'S DATE: ___ / ___ / ___ DATE AVAILABLE TO START: ___ / ___ / ___

Full (Legal) Name: _____

Email Address: _____

DOB: _____ Physical Address: _____

Phone:(____) ____ - _____ Desired Store Location: _____

Desired Employment: Full Time or Part Time

Have you ever been convicted of a felony? Yes No

If yes, what for? _____

- This job consists of 40% vaping and selling, 60% normal retail stuff

(Cleaning, Stocking Shelves, Opening/Closing store)

- New Hires will get up to 35 hours of training time upon initial employment.

- This time will consist of learning the product and different ways of selling.

- By your 3 rd day there should evidence of retained knowledge and ability to handle your position.

- Do you have cash handling experience? Yes No

o If yes how many years? _____

- Do you have retail experience?

o If yes how many years? _____

- Do you have customer service experience? Yes No

o If yes how many years? _____

- Is basic math something that troubles you? Yes No

- Are you willing to relocate should the opportunity arise? Yes No

- Are you ok with being called into work on your day off? Yes No

- This company request that you show up at least 10 minutes before and opening shift and 5 minutes before your regular shift, is this something that would trouble you? Yes No

- Are you ok with carding people that look under the age of 30? Yes No

Why do you want to work for BHDISTRO?

Why should we choose you?

References - Please list 2 professional references

Full Name _____ Phone (____) ____ - _____

Company _____ Relationship _____

Full Name _____ Phone (____) ____ - _____

Company _____ Relationship _____

Previous Employment

Company _____ Phone (____) ____ - _____

Supervisor _____ Job Title _____

Starting Pay \$ _____ Ending Pay \$ _____

Responsibilities _____

From _____ To _____

Reason for Leaving _____ May we contact them? Yes No

Company _____ Phone (____) ____ - _____

Supervisor _____ Job Title _____

Starting Pay \$ _____ Ending Pay \$ _____

Responsibilities _____

From _____ To _____

Reason for Leaving _____ May we contact them? Yes No

Do you Vape right now? Yes No

If yes what setup do you use? _____

Do you know how to build coils? Yes No

Availability – Preference: Part Time - Full Time - Any Time

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

I certify that my answers are true and complete to the best of my knowledge, and I understand that no vacation time will be issued for the first 90 days of employment.

Signature _____ Date _____

STORE MANAGER SECTION: *For management to fill out. If you are a manager and are confused by this just call us..*

Store Manager Name: _____

Regional Manager Name: _____

Planned Start Date: ____ / ____ / ____

Status: Part Time Full Time