Job Title: Thrift Store Sales Associate Job Category: Part-Time / Hourly

Pay Scale: \$9.50 to \$12.00 Weekly Hours: Varies between 8-40

Role and Responsibilities

The primary function of the Thrift Store Sales Associate (SA) is to monitor and maintain sales inventory while providing customer service for the Voluntary Action Center (VAC) thrift store. This job has supervision responsibilities for volunteer staff as necessary. This position is an integral part of the function of the VAC as a customer contact position.

The primary duties and responsibilities include but are not limited to:

- Prices merchandise for sale as received from the donation warehouse.
- Utilizes a cash register to complete sales.
- Utilizes credit card system to complete electronic transactions.
- Keeps thrift stores clean, well-organized, and clutter-free for the safety and pleasure of customers.
- Keeps areas outside the thrift store clean and well-maintained.
- Maintains sales and all signage of store per the direction of management.
- Provides superior customer service to clients to ensure satisfied return shoppers.
- Look for ways to improve sales by creating eye-catching displays.
- Look for ways to increase sales and contribute to the overall financial well-being of the organization.
- Performs all duties outlined in the Thrift Store Standard Operating Procedures Manual.

Time Distribution Analysis

Customer Service: 40% Volunteer Management: 20%

Merchandizing: 40%

Management Responsibilities and Chain of Command

The Thrift Store Sales Associate is responsible for supervising all volunteers who serve in the thrift store. The SA reports directly to the Thrift Store Manager/Executive Director.

Qualifications

- High School Diploma or Equivalency / Or be currently seeking high school diploma
- Must be able to stand for long periods of time, which may exceed four (4) hours
- Must be able to lift and carry a minimum of twenty-five (25) pounds
- Strong customer service skills
- Preferred: Knowledge of clothing brands for adults and children
- Preferred: Prior retail experience

Application for Employment Package

PLEASE READ CAREFULLY

Thank you for your interest in Hand-up, Inc. DBA – The Voluntary Action Center. To have your application processed, you must thoroughly answer all questions on the application form. Applications filled out incompletely will not be considered. While we encourage you to attach a resume, a resume will not substitute for completing any portion of this application. All information will be treated confidentially.

The Voluntary Action Center is an Equal Opportunity Employer that considers applicants for all positions without regard to race, color, religion, sex, age, national origin, disabled or veteran status, or other legally protected status.

Due to the volume of applications received, only those applicants selected for an interview will be contacted. Please do not contact our office with inquiries.

Applications may be submitted by the following methods:

Mail: Voluntary Action Center

Attn: Job Applications Dept.

PO BOX 631

Calhoun, GA 30703

E-mail: handsupvac@gmail.com

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION: (Please Print Clearly & Complete Entire Application)

Name: Date of			Application:	
Street Address:	City:	ST:	Zip:	
Phone:	E-mail:			
APPLICATION QUESTIONS:				
Position Seeking:	Salary Requirement:	Date Available to Work:_		
Are you eligible for er ☐ Yes	mployment in the United States?		☐ No	
Have you ever been e ☐ Yes	employed by Hand-up Inc. or served as a volunteer?		☐ No	
If yes, please explain:				
Are you related by blo	ood or marriage to any individual currently employo	ed by this organization?	☐ No	
Have you ever been to	erminated for cause or asked to resign from a form	ner employer?	□No	
If yes, please explain:				
Have you ever been c	convicted of a crime other than a minor traffic viola	tion?	☐ No	

	If yes, please provide a detailed explanation and include date of final disposition offense. This information will not necessarily disqualify you from employment will.	but false or misleading information
	will. Factors such as age and time of the offense, seriousness and nature of violation taken into account.	olation, and renabilitation will be
EDUCA	ATION:	
High So	chool:	
	Name:	City/State:
	Number of Years Completed: Diploma or GED: No Yes	
College	e or Technical School:	
	Name:	City/State:
	Number of Years Completed: Degree: No Yes Degree	е Туре:
Other !	School or Training:	
	Name:	City/State:
	Area of Study: Degree or Diploma: \[\bigcap \text{No} \text{Yes}	Degree/Diploma Type:

EMPLOYMENT HISTORY: (Please list positions starting with most recent)

Employer:		Phone:	May We Contact: No	Yes
Address:			City/State:	-
Position Title:		Supervisor Name:		
Start Date:	End Date:	Beginning Salary:	Ending Salary:	_
Duties:				_
Reason for Leaving:				-
Employer:		Phone:		
Address:			City/State:	-
Position Title:		Supervisor Nan	ne:	-
Start Date:	End Date:	Beginning Salary:	Ending Salary:	_
Duties:				_
Reason for Leaving:				_
Employer:		Phone:		
Address:			City/State:	-
Position Title:		Supervisor Nan	ne:	_

Start Date:	End Date:	Beg	ginning Salary:	Ending Salary	:
Duties:					
Reason for Leaving:					
Employer:			Phone:		
Address:				City/State:	
Position Title:	osition Title: Supervisor Name:				
Start Date:	End Date:	Be <u></u>	ginning Salary:	Ending Salary	:
Duties:					
Reason for Leaving:					
WORK REFERENCE	ES: (Do not include	relatives)			
Name		Job Title	Years Known	Phone	E-mail
1					
2					
3					

PERSONAL REFERENCES:

Name	Relationship	Years Known	Phone	E-mail
1				
2				
3				
SKILLS AND QUALIFICATIONS	<u>:</u>			
Secondary Languages:	Fluen	ocy:		
Computer Skills: Word	Excel Power Point	Online Data Ent	ry 🗌	
Please summarize and other qua	lifications:			

APPLICANT AUTHORIZATION STATEMENT: (Please read carefully before signing)

I understand that employment with Hand-up Inc. DBA Voluntary Action Center (the Organization) is at-will, meaning that I or the Organization may terminate my employment at any time, or for any reason consistent with applicable state or federal law.
I authorize the Organization to conduct a thorough background investigation of my work and personal history, to verify all data provided on this application or during interview(s). I hereby release the Organization, and its representative or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms name to provide any requested information and release them from all liability for provided requested information.
I understand that the Organization requires the successful completed of a criminal background check and may require a drug test as a condition of my employment.
I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all statements in this application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to employ.

Signature of Applicant:______ Date Signed:______