



**SILKS**  
DEL MAR

## **Position Title: Cashier / Retail Sales**

### **Job Details:**

Salespeople in our Gift Shop assist customers with dress and casual clothing, outerwear and other various souvenirs. Successful candidates must also be available to work a flexible schedule that includes daytime, evening, weekend and holidays shifts. We are looking for motivated and talented people who enjoy what they do and thrive in a sales environment. The position may include but might not be limited to, lifting up to 20 lbs, carrying, bending, stooping, pushing, pulling, standing, cleaning, straightening, reaching overhead and using a 10-key, computer and keyboard. Must be able to work race days, which includes weekends and holidays during the Del Mar Thoroughbred Clubs 2021 summer racing season.

### **Time Commitment:**

Thursday - Sunday (27 - 30 hrs week), seasonal, non-exempt  
July 16, 2021 – September 6, 2021 (Closed Mon, Tue & Wed, Open Labor Day)

**Position Reports To:** Leticia Anderson

### **Requirements, Skills & Experience**

- Must be 18 years of age with a valid drivers license
- Basic sales transaction and balancing
- Use of computer, keyboard and 10 key calculators
- Excellent communications and interpersonal skills
- Sense of integrity and commitment to customer satisfaction
- Ability to multi-task in a fast paced environment
- Ability to work flexible schedule
- Punctuality and regular work attendance
- Maintain professional interaction with both the customers and fellow employees
- Welcome customers by greeting & offering them assistance
- Thank all customers for shopping with us and invite them back
- Ensure store is clean, well organized and presentable at all times
- Responsible for learning merchandise we sell
- Constantly checking inventory for damages
- Tagging all Items
- Ability to stand for long periods of time

**Hourly Rate:** \$16.00 per hour

**Contact:** Leticia Anderson  
Retail Operations Manager  
[leticia@dmtc.com](mailto:leticia@dmtc.com) | 858 755-1141 x3381

**Deadline for Applications:** July 8, 2021

# Del Mar Thoroughbred Club

P.O. Box 700 Del Mar California 92014  
858-755-1141

Date of Application: \_\_\_\_\_

Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Email:

## GENERAL INFORMATION

Position applied for: \_\_\_\_\_

Available to work:                      **Full-Time**    **Part-Time**    **Temporary**

Date available to start work: \_\_\_\_\_

If you are not a U.S. citizen, do you have the right to work in the U.S.?    **Yes**     **No**

Have you ever applied for a position with or worked for DMTC before?    **Yes**     **No**

If yes, specify dates: From: \_\_\_\_\_ To: \_\_\_\_\_

## EDUCATION

	Name of School and Address	Major	No. of Years Completed	Did you Graduate?
High School				
College				
Other (Specify)				

**DMTC is an equal opportunity employer. DMTC does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.**

## EMPLOYMENT HISTORY

**Please list your present and past work experience for the last 10 years, beginning with your current job. You may include volunteer activities.**

Name of Employer:	From	Year	To	
	Month		Month	Year
Address: <small>(Street, City &amp; State)</small>		Telephone:		
Position:		Supervisor:		
Description of Duties:				
Reason for Leaving:				
Name of Employer:	From	Year	To	
	Month		Month	Year
Address: <small>(Street, City &amp; State)</small>		Telephone:		
Position:		Supervisor:		
Description of Duties:				
Reason for Leaving:				
Name of Employer:	From	Year	To	
	Month		Month	Year
Address: <small>(Street, City &amp; State)</small>		Telephone:		
Position:		Supervisor:		
Description of Duties:				
Reason for Leaving:				

**If you need additional space, please continue your response on a separate page.**

If you are employed now, may we contact your current employer? Yes  No

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations? Yes  No

Please list any job-related professional, trade, business or civic activities, organizations and associations. (You may omit those which indicate race, color, religion, national origin, ancestry, sex, age, or the existence of a disability):

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Please provide the names, addresses, and telephone numbers of at least two references who are not related to you:

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Person to be contacted in the event of an accident or emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**I hereby certify** that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the DMTC unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the DMTC contacts, to provide the DMTC any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the DMTC as well as from any use or disclosure of such information by the DMTC or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the DMTC. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the DMTC. I understand that no employee or representative of the DMTC, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the president of the DMTC may not alter the at-will nature of the employment relationship unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral, written, or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of a post-offer medical examination.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date