



Position applying for:

## PERSONAL INFORMATION

Name (First Middle Last)

Preferred Name

Telephone Number

Email Address

Street Address

City, State, Zip Code

YES NO

Have you ever worked for a coffee shop?

If "yes" please explain:

Are you under the age of 18?

If "yes" can you, after employment, show proof of age?

If hired, are you able to submit proof that you are legally eligible for employment in the United States?

Do you have reliable transportation to and from work?

## AVAILABILITY

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

FROM

TO

FROM

TO

FROM

TO

FROM

TO

FROM

TO

FROM

TO

FROM

TO

If hired, when could you begin work?

MONTH / DAY / YEAR

## EDUCATION

Name

City, State

# Of Years  
Completed

GPA

Degree/Diploma

High School

College Or Trade School

Other

## WORK EXPERIENCE

Check this box if you have chosen to attach a resume ☐

Company (Name, City, State)	Position; Duties	Supervisor (Name & Telephone)	Dates Employed (MM/YY)	Reason(s) for Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
May We Contact? Y <input type="checkbox"/> N <input type="checkbox"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
May We Contact? Y <input type="checkbox"/> N <input type="checkbox"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
May We Contact? Y <input type="checkbox"/> N <input type="checkbox"/>				

## REFERENCES

List 3 school, work or personal references who we may contact. Do not list people who are related to you.

Name	Telephone Number	How Long Have You Known This Person?	Relationship To You	Type of Reference
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Personal
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Personal
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Personal

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.  
ONLY APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.**

\_\_\_\_\_  
(initials) I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed (or used a preparer to complete) this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
(initials) I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Applicant's Signature

Date