



EMPLOYMENT APPLICATION

Employer affirms the right of all individuals to equal opportunity in employment without regard to race, color, religion, sex, age, handicap or disability, national origin, military status, marital status, sexual orientation, or any other basis prohibited by federal or state law.

**Please answer all questions below and check the applicable box even if you are attaching a resume.
If an item does not apply enter "n/a".**

PERSONAL INFORMATION							
DATE OF APPLICATION:		LOCATION YOU ARE APPLYING TO WORK AT:			Do You Have Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No		STATE:
LAST NAME:		FIRST:	M.I.:	HM PHONE:		WK PHONE:	
OTHER PHONE: <input type="checkbox"/> MESSAGE <input type="checkbox"/> CELL PHONE				EMAIL ADDRESS:			
MAILING ADDRESS:				CITY:	STATE:	ZIP:	
PERMANENT ADDRESS (if different):				CITY:	STATE:	ZIP:	
ARE YOU LESS THAN 18 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Regulations prohibit use of some equipment by those under 18)</small>				ELIGIBLE FOR EMPLOYMENT IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(NOTE: Proof of U.S. citizenship or immigration status will be required if hired.)</small>			
WORK SCHEDULE AVAILABILITY							
<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> EITHER			DATE YOU CAN START:		MINIMUM # HOURS AVAILABLE:		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> EITHER			WAGE EXPECTED:		MAXIMUM # HOURS AVAILABLE:		
SPECIFY HOURS AVAILABLE	MON	TUE	WED	THU	FRI	SAT	SUN
EDUCATION / TRAINING HISTORY							
<small>List high school, colleges, military, trade, business, or other schools attended.</small>							
NAME & LOCATION OF SCHOOL COLLEGE OR UNIVERSITY	COURSE OF STUDY MAJOR	HOW LONG ATTENDED?	DID YOU GRADUATE?	DEGREE OR CERTIFICATE RECEIVED			
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
SPECIALIZED SKILLS AND KNOWLEDGE							
<small>Please list any other employment, voluntary work, or personal projects that you think may be related to the job you are applying for.</small>							
REFERENCES							
<small>Please provide the names of three references other than friends or family whom you have known for at least one year.</small>							
NAME:	CITY:	ST:	PHONE:	YEARS KNOWN:			
NAME:	CITY:	ST:	PHONE:	YEARS KNOWN:			
NAME:	CITY:	ST:	PHONE:	YEARS KNOWN:			
GENERAL QUESTIONS							
DO YOU KNOW ANY CURRENT OR PREVIOUS TEAM MEMBERS OF CAFÉ YUMM!? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHO?							
IS THERE A PARTICULAR REASON YOU ARE APPLYING AT CAFÉ YUMM!?							
DO YOU HAVE A CURRENT FOOD SERVER'S PERMIT? <input type="checkbox"/> Yes <input type="checkbox"/> No				HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS?			
DO YOU HAVE A CURRENT LIQUOR SERVER'S PERMIT? <input type="checkbox"/> Yes <input type="checkbox"/> No				HOW LONG DO YOU PLAN TO STAY IN THIS CITY?			
CAN YOU LIFT 50 LB. ITEMS AS PART OF YOUR JOB? <input type="checkbox"/> Yes <input type="checkbox"/> No				LIST THREE WORDS THAT BEST DESCRIBE YOURSELF:			
HAVE YOU EVER WORKED IN A TEAM ENVIRONMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No							
HAVE YOU EVER WORKED INDEPENDENTLY? <input type="checkbox"/> Yes <input type="checkbox"/> No							
LIST HOBBIES/LEISURE ACTIVITIES:				WHAT IS A PET PEEVE OF YOURS?			
WHAT WAS YOUR FAVORITE JOB & WHY?				WHAT WAS YOUR LEAST FAVORITE JOB & WHY?			



GENERAL QUESTIONS Cont.

LIST YOUR SHORT TERM GOAL(S)? (6-12 MONTHS)	LIST YOUR LONG TERM GOAL(S)? (3-5 YEARS)
HAVE YOU EVER EATEN AT A CAFÉ YUMM!? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHAT DID YOU HAVE?	
WHAT ARE YOUR FAVORITE FOODS OR TYPES OF FOOD?	
WHAT ARE YOUR <u>LEAST</u> FAVORITE FOODS OR TYPES OF FOOD?	

WORK HISTORY

JOB NUMBER 1: (current or most recent job)	NAME OF BUSINESS:	CITY & STATE:
TYPE OF BUSINESS:	YOUR JOB TITLE:	
DUTIES PERFORMED AT THIS JOB:		
SUPERVISOR'S NAME:	PHONE:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
FROM (MONTH & YEAR):	TO (MONTH & YEAR):	TOTAL TIME IN POSITION:
SUPERVISION / LEADWORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):		
<input type="checkbox"/> Assign and Review work	<input type="checkbox"/> Handle Disciplinary problems	<input type="checkbox"/> Rate Work Performance
<input type="checkbox"/> Hire others		<input type="checkbox"/> Recommend Hiring
<input type="checkbox"/> Respond to Grievance		<input type="checkbox"/> Respond to Grievance
If you checked any of these boxes, list the number of employees: _____		
REASON FOR LEAVING:		

JOB NUMBER 2:	NAME OF BUSINESS:	CITY & STATE:
TYPE OF BUSINESS:	YOUR JOB TITLE:	
DUTIES PERFORMED AT THIS JOB:		
SUPERVISOR'S NAME:	PHONE:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
FROM (MONTH & YEAR):	TO (MONTH & YEAR):	TOTAL TIME IN POSITION:
SUPERVISION / LEADWORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):		
<input type="checkbox"/> Assign and Review work	<input type="checkbox"/> Handle Disciplinary problems	<input type="checkbox"/> Rate Work Performance
<input type="checkbox"/> Hire others		<input type="checkbox"/> Recommend Hiring
<input type="checkbox"/> Respond to Grievance		<input type="checkbox"/> Respond to Grievance
If you checked any of these boxes, list the number of employees: _____		
REASON FOR LEAVING:		

JOB NUMBER 3:	NAME OF BUSINESS:	CITY & STATE:
TYPE OF BUSINESS:	YOUR JOB TITLE:	
DUTIES PERFORMED AT THIS JOB:		
SUPERVISOR'S NAME:	PHONE:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
FROM (MONTH & YEAR):	TO (MONTH & YEAR):	TOTAL TIME IN POSITION:
SUPERVISION / LEADWORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):		
<input type="checkbox"/> Assign and Review work	<input type="checkbox"/> Handle Disciplinary problems	<input type="checkbox"/> Rating Work Performance
<input type="checkbox"/> Hire		<input type="checkbox"/> Recommend Hiring
<input type="checkbox"/> Responding to Grievance		<input type="checkbox"/> Responding to Grievance
If you checked any of these boxes, list the number of employees: _____		
REASON FOR LEAVING:		

Before signing below, please review this application to make sure you have answered all questions.

CERTIFICATION AND SIGNATURE

- I understand that any statement, verbal or written, made by me or by others at my request, contained in this application or attached hereto, or in the course of any related employment process, that is false, fraudulent or misleading, will result in rejection of my application, denial of employment, or if hired, dismissal from employment if discovered after employment.
- I understand that, if hired, I may be required to sign a confidentiality and/or non-compete agreement.
- I understand that nothing contained in this application, or conveyed during any interview that may be granted, is intended to create an employment contract.
- I certify that all statements contained herein are true and complete whether made by me or others at my request.
- I understand that if hired, I must prove that I am legally authorized to work in the United States.
- I understand that filling out this form does not indicate there is a position open and does not obligate employer to hire me.
- I authorize employer to investigate my background, references, employment record, education information, and other matters related to my suitability for employment.
- I understand that I will be required to provide my driving record if the position for which I am applying requires driving.
- I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by employer to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, and previous employers of any and all claims for providing such information.
- I understand that I may be asked to submit to a pre-employment drug test, a credit history check, and/or a criminal history background check as a condition of employment.
- I understand and agree that, if hired, my employment is at-will, which means that it is for no specified period and may be terminated by me or employer at any time without prior notice for any reason.
- I release employer and all providers of information from any liability as a result of furnishing and receiving any information related to the hiring process.

SIGNATURE (MUST BE IN INK):	DATE:
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