



an equal opportunity employer
Employment Application

PERSONAL INFO

NAME	DATE	SS#
ADDRESS		
PHONE	IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU FURNISH A WORK PERMIT UPON HIRE?	
EMERGENCY CONTACT INFO:		
NAME:	PHONE NUMBER: ()	
RELATIONSHIP:		

EMPLOYMENT INFO

POSITION	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>	HOW MANY HOURS/WEEK?	DATE YOU CAN START?	DESIRED WAGE?
ARE YOU PRESENTLY EMPLOYED?	I AM LOOKING FOR WORK DURING THE:		EVER APPLIED AT GoodOnYa BEFORE?	
	<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SUMMER <input type="checkbox"/> ALL YEAR			
WHAT DAYS ARE YOU AVAILABLE TO WORK?				
HOW DID YOU FIND OUT ABOUT OUR EMPLOYMENT OPPORTUNITIES?			DO YOU HAVE RELIABLE TRANSPORTATION?	
CAN YOU AFTER EMPLOYMENT, PROVIDE PROOF OF ELIGIBILITY TO WORK IN THE USA?				

EDUCATION

HIGH SCHOOL NAME	CITY AND STATE	DID YOU GRADUATE?
COLLEGE NAME	MAJOR	DID YOU GRADUATE?
GRADUATE/TRADE SCHOOL		

WORK RELATED INFO

HAVE YOU EVER WORKED IN A COFFEE HOUSE/DELI BEFORE?	HAVE YOU EVER USED AN ESPRESSO MACHINE?
PLEASE DESCRIBE YOUR EXPERIENCE(S):	

*** WE CONSIDER APPLICANTS FOR ALL POSITONS ON THE BASIS OF QUALIFICATIONS AND WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS, DISABILITY, SEXUAL ORIENTATION, USE OF LAWFUL PRODUTS DURING NON-WORK HOURS AND ANY OTHER LEGALLY PROTECTED STATUS***

EMPLOYMENT HISTORY

NAME OF EMPLOYER	JOB TITLE	PHONE #	
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR	START DATE	END DATE
REASON FOR LEAVING		START WAGE	END WAGE

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HOBBIES/SPORTS/EXTRA CURRICULAR ACTIVITIES

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HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? If yes, explain. (Will not necessarily exclude you from consideration)
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AUTHORIZATION

I certify that the facts are true and complete. Any omission will be considered a falsehood and grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that if hired my employment will be on an "at will" basis. I understand and agree that all employees are on an at will basis. I understand and agree that my employment can be terminated with or without cause, and with or without notice at any time. I understand and agree that no one has promised employment to me other than on an at will basis and that the at will provisions herein supersede any prior or contemporaneous understandings that I may have had that employment would be on any other basis other than at will.

SIGNATURE

DATE

FOR OFFICE USE ONLY:	INTERVIEW DATE:	INTERVIEWER:	AGREED UPON WAGE:
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