

# COOL BEANS CAFE

## Employment Application

### APPLICANT INFORMATION

|   |     |                          |    |                          |  |    |                  |                            |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|--|----|------------------|----------------------------|--------------------------|----|--------------------------|
| Last Name                                 |     |                          |    | First                    |  |    | M.I.             | Date                       |                          |    |                          |
| Street Address                            |     |                          |    |                          |  |    | Apartment/Unit # |                            |                          |    |                          |
| City                                      |     |                          |    | State                    |  |    | ZIP              |                            |                          |    |                          |
| Phone                                     |     |                          |    | E-mail Address           |  |    |                  |                            |                          |    |                          |
| Date Available                            |     |                          |    | Are you over 18?         | Y  | or | N                | If not over 18, Birthdate: |                          |    |                          |
| Position Applied for                      |     |                          |    |                          |  |    |                  |                            |                          |    |                          |
| Are you a citizen of the United States?   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If no, are you authorized to work in the U.S.? |    |                  | YES                        | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Have you ever worked for this company?    | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If so, when?                                   |    |                  |                            |                          |    |                          |
| Have you ever been convicted of a felony? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If yes, explain                                |    |                  |                            |                          |    |                          |

### EDUCATION

|             |  |    |  |                   |     |                          |    |                          |        |  |  |
|-------------|--|----|--|-------------------|-----|--------------------------|----|--------------------------|--------|--|--|
| High School |  |    |  | Address           |     |                          |    |                          |        |  |  |
| From        |  | To |  | Did you graduate? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Degree |  |  |
| College     |  |    |  | Address           |     |                          |    |                          |        |  |  |
| From        |  | To |  | Did you graduate? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Degree |  |  |
| Other       |  |    |  | Address           |     |                          |    |                          |        |  |  |
| From        |  | To |  | Did you graduate? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Degree |  |  |

### REFERENCES

*Please list three professional references.*

|           |  |  |  |              |  |  |  |  |  |  |
|-----------|--|--|--|--------------|--|--|--|--|--|--|
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |  |
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |  |
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |  |

| PREVIOUS EMPLOYMENT   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| HOURS AVAILABLE                        |                                       |  |                          |
|--|---------------------------------------|--|--------------------------|
| Opening Shift <input type="checkbox"/> | Midday Shift <input type="checkbox"/> | Closing Shift <input type="checkbox"/> | Available Hours Per Week |
| 6:30am – 3pm                           | 10-3pm                                | 3-9pm                                  |                          |
| Days available: Monday                 | Tuesday                               | Wednesday                              | Thursday                 |
|  | Friday                                | Saturday                               | Sunday                   |

| DISCLAIMER AND SIGNATURE  |      |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge.  |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| Signature   | Date |