

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION: Date Social Security Number

| Name | | |
|------|-------|--------|
| Last | First | Middle |

| Present Address | | | |
|-----------------|------|-------|-----|
| Street | City | State | Zip |
| | | | |

Phone No. _____ *Date of Birth / / Referred by _____

| Email | Can You Handle the Job Requires It? |
|-------|-------------------------------------|
| | |

Strengths & Weaknesses?

*We are an Equal Opportunity Employer. You are not required to answer this question if you choose not to.

EMPLOYMENT DESIRED:

| Position | Date You Can Start? | Desired Wage |
|----------|---------------------|--------------|
|----------|---------------------|--------------|

| | |
|-----------------------|--|
| Are you employed now? | If so, may we inquire of your present employer? |
|-----------------------|--|

| Ever applied to this company before? | Where? | When? |
|--------------------------------------|--------|-------|
|--------------------------------------|--------|-------|

| Full Time | Part Time | Can you work weekends? |
|-----------|-----------|------------------------|
|-----------|-----------|------------------------|

Do you have a reliable mode of transportation?

HAVE YOU EVER BEEN CONVICTED OF A CRIME? If "YES", list when, where, and nature and disposition of conviction.

FORMER EMPLOYERS: List below the last five employers, starting with the last one first.

| List Latest Employer First | Name and Address of Employer | Monthly Income | Position or Duties | Reason for Leaving |
|----------------------------|------------------------------|----------------|--------------------|--------------------|
| No. Months | Name | | | |
| Years | City State Ph. No. | | | |
| No. Months | Name | | | |
| Years | City State Ph. No. | | | |
| No. Months | Name | | | |
| Years | City State Ph. No. | | | |
| No. Months | Name | | | |
| Years | City State Ph. No. | | | |

EDUCATION:

Name and Location of School

Circle
Last Year
Completed

Did You Graduate?

Subjects Studied And Degree(s) received

| | | Completed | | Graduate? | | And Degree(s) Received | |
|-------------|--|-----------|---|-----------|---|------------------------------|--|
| High School | | 1 | 2 | 3 | 4 | <input type="checkbox"/> Yes | |
| | | | | | | <input type="checkbox"/> No | |
| College | | 1 | 2 | 3 | 4 | <input type="checkbox"/> Yes | |
| | | | | | | <input type="checkbox"/> No | |
| | | | | | | | |
| | | | | | | | |

Subjects of Special Study or Research Work

Do you intend to return to school?

If so, when?

AVAILABILITY: Give the times below that you are available to work each day.

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

REFERENCES: Give the names of three persons below that are not related to you, whom you have known for at least one year.

| Name | Phone Number (with Area Code) | Business | Years Acquainted |
|------|-------------------------------|----------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

In Case of
Emergency Notify

Name

Address

Phone No.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I also authorize company to inquire from my references listed above.

Date

Signature

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