



EMPLOYMENT APPLICATION

DATE: _____

Cafe Gratitude is committed to providing equal employment opportunities, without regard to race, color, sex, age, disability, religion, national origin, martial status, sexual orientation, ancestry, political belief or activity, or status as a veteran.

Please answer all questions and complete all sections of the Employment Application fully. The application is a legal document, and as such must be completed by all applicants whether or not you have submitted a resume or attached same. Your assistance is greatly appreciated.

Personal Information (please print):	
Name: Last, First, Middle Initial	Social Security Number:
Address: Street	Daytime Phone:
Address: City, State, Zip	Evening Phone:
Email Address:	Cell Phone or Pager:

Employment Desired	
Position(s) applied for:	Salary Desired:
What days are you available to work?:	What hours are you available to work?:
If hired, what date are you available to start work?:	
For which location are you applying?:	
Please indicate the type of work for which you are available:	
Regular full-time: yes <input type="checkbox"/> no <input type="checkbox"/> Regular part-time: yes <input type="checkbox"/> no <input type="checkbox"/> *Temporary/seasonal: yes <input type="checkbox"/> no <input type="checkbox"/>	
* <input type="checkbox"/> If applying for temporary or seasonal work, during what period of time are you available?: (ex. 1/15/01–3/15/01)	
Are you available to:	
Work Weekends: yes <input type="checkbox"/> no <input type="checkbox"/> Work Overtime: yes <input type="checkbox"/> no <input type="checkbox"/>	
For which shift are you available:	
Day (9A-5P): yes <input type="checkbox"/> no <input type="checkbox"/> Late day (1P-9P): yes <input type="checkbox"/> no <input type="checkbox"/> Evening (5P-1A): yes <input type="checkbox"/> no <input type="checkbox"/>	
Late Evening (9P-5A): yes <input type="checkbox"/> no <input type="checkbox"/> Morning (1A-9A) yes <input type="checkbox"/> no <input type="checkbox"/> Early day (5A-1P): yes <input type="checkbox"/> no <input type="checkbox"/>	
How did you hear about this opening at Cafe Gratitude?; Who referred you to us?	
Have you been previously employed by Cafe Gratitude?: *yes <input type="checkbox"/> no <input type="checkbox"/> *If yes, dates of employment:	*If yes, title of last position held:
Do you have any relatives employed by Cafe Gratitude?: *yes <input type="checkbox"/> no <input type="checkbox"/> If yes, please provide the following information	
Name of relative:	Relationship:
Do you have the legal right to work in the United States?: yes <input type="checkbox"/> no <input type="checkbox"/> If hired, you will be required to provide proof of identity and legal authority to work in the United States.	
Have you ever served in the armed forces?: *yes <input type="checkbox"/> no <input type="checkbox"/> If yes, which branch: This information is for census purposes only and is optional. You may elect not to complete it if you wish.	

It is the policy of Cafe Gratitude to comply with all relevant and applicable provisions of the Americans with Disabilities Act (ADA). Cafe Gratitude will not discriminate against any qualified applicant because of an individual's physical or mental disability. Cafe Gratitude also will make reasonable accommodation wherever necessary for all applicants with disabilities, provided that the individual is otherwise qualified to safely perform the duties and assignments connected with the job and provided that any accommodations made do not require undue or significant difficulty or expense.

<p>Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?:</p> <p>yes <input type="checkbox"/> *no <input type="checkbox"/></p>	<p>*If no, please describe the functions that cannot be performed:</p>
---	--

Cafe Gratitude will not deny employment solely on the grounds of conviction of a criminal offense. Each situation will be considered on a case by case basis; and as such the nature, date and surrounding circumstances and relevance of the offense(s) may be considered.

<p>Have you ever been convicted of a criminal offense(s) (misdemeanor or felony)? (see notice below):</p> <p>*yes <input type="checkbox"/> no <input type="checkbox"/></p>	<p>*If yes, please describe the nature and date(s) of the offense(s):</p>
---	---

You are not required to, nor should you, disclose information regarding a minor traffic violation, information that is more than seven years old; that was judicially expunged or sealed; for a marijuana-related offense over two years old; if you completed a pre-trial or post-trial diversion program; or for a misdemeanor for which probation was successfully completed or discharged and the case was judicially dismissed.

Education				
School	Name of Institution City, State	Last year completed	Did you graduate	Degree or diploma received
High School		9 10 11 12	Yes <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/>	Year Graduated:
Junior College		1 2	Yes <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/>	Year Graduated:
College/ University		1 2 3 4	Yes <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/>	Year Graduated:
Graduate School		1 2 3 4	Yes <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/>	Year Graduated:
Vocational/ Business		1 2 3 4	Yes <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/>	Year Graduated:
Other: (specify)		1 2 3 4	Yes <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/>	Year Graduated:

Employment History:

Please start with your most recent employer

Company Name:	Dates of employment:
Address:	Title:
City, State, Zip	Name and title of your supervisor:
Phone number:	Starting Salary:
May we contact this employer for a reference?: yes <input type="checkbox"/> no <input type="checkbox"/>	Ending Salary:
Type of business/industry:	
Description of your duties:	
Reason for leaving:	

Company Name:	Dates of employment:
Address:	Title:
City, State, Zip	Name and title of your supervisor:
Phone number:	Starting Salary:
May we contact this employer for a reference?: yes <input type="checkbox"/> no <input type="checkbox"/>	Ending Salary:
Type of business/industry:	
Description of your duties:	
Reason for leaving:	

Company Name:	Dates of employment:
Address:	Title:
City, State, Zip	Name and title of your supervisor:
Phone number:	Starting Salary:
May we contact this employer for a reference?: yes <input type="checkbox"/> no <input type="checkbox"/>	Ending Salary:
Type of business/industry:	
Description of your duties:	
Reason for leaving:	

Advanced/Professional Certifications:

Please list all advanced or professional certifications you hold (i.e. Food Handler Card etc.).

Certification Title: Food Handler Card	Acquisition date:	Next renewal date:
Certification Title:	Acquisition date:	Next renewal date:
Certification Title:	Acquisition date:	Next renewal date:

References:

Please list 3 individuals, not related to you, who have direct knowledge of your work performance within the last 3-5 years.

Name:	Phone Number:
Company during work relationship:	Current Company (if different):
Title during your relationship:	Number of years acquainted:
Nature of relationship (i.e. supervisor, colleague, subordinate etc.):	

Name:	Phone Number:
Company during work relationship:	Current Company (if different):
Title during your relationship:	Number of years acquainted:
Nature of relationship (i.e. supervisor, colleague, subordinate etc.):	

Name:	Phone Number:
Company during work relationship:	Current Company (if different):
Title during your relationship:	Number of years acquainted:
Nature of relationship (i.e. supervisor, colleague, subordinate etc.):	

Please read carefully, initial each paragraph and sign below:

_____ 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, complete and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any documents 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.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby waive my right to public records obtained through in-house investigations.

_____ I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. Further, I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to alter the at will relationship between me and company.

Signature:	Date:
-------------------	--------------