

# JOIN THE MOKA'S TEAM

1204 Shelton Beach Rd. Saraland, AL.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

## EMPLOYMENT INFO

DATE YOU CAN START: \_\_\_\_\_

SALARY DESIRED: \_\_\_\_\_

ARE YOU EMPLOYED: \_\_\_\_\_

## EDUCATION

HIGH SCHOOL: \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_

TRADE OF BUSINESS SCHOOL: \_\_\_\_\_

## GENERAL INFORMATION

DO YOU HAVE ANY EXPERIENCE IN THE COFFEE INDUSTRY?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FORMER EMPLOYERS

JOB TITLE AND ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

JOB TITLE AND ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

## REFERENCES

NAME: \_\_\_\_\_

ADDRESS AND TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS AND TITLE: \_\_\_\_\_

AVAILABILITY: (DAYS OF THE WEEK AND TIMES)

\_\_\_\_\_  
\_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge. I also understand that if employed, falsified statements, including references and past employers may lead to the loss of position. This document also releases the company from all liability for any damage that may result from utilization of such information. I also understand and agree that if such damage was to take place it could also lead to a termination of position. This document states that I will be on time for assigned shifts, unless an emergency takes place and has been discussed with the management in advance.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_