
 NAME

 PHONE #

 EMAIL

 DATE



APPLICATION FOR EMPLOYMENT (must be completed on Chicory Café premises)

Please Read Carefully - Write Clearly - Answer ALL Questions

NAME & LOCATION

 Last First MI. Social Security # Message Phone #

 Current Address (No. and Street) City Zip How Long

 Previous Address (No. and Street) City Zip How Long

Are you Over 18 Yrs? _____ If you are under 18 years old, can you furnish a work permit? _____

Have you worked for us before _____ Reason for Leaving _____

EMPLOYMENT DESIRED

All Cafe positions are PART TIME:

How many hours are you looking for per week? _____

When can you start work? _____ Salary Desired: _____

SCHEDULE: List any hours you are **NOT** available for work?

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

List Any Days in the future where you are unable to work and list why (doctors appt., weddings, vacations, concert tickets, etc):

PERSONAL

Have you ever been convicted of --- A misdemeanor? _____ A felony? _____ Other? _____

*Answering 'yes' to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Do you belong to any professional organizations? _____

Special Interests or Hobbies? _____

Are you a citizen of the United States? _____ If not, do you have the legal right to remain in the U.S. _____

Can you submit a birth certificate or other proof of citizenship? _____

Do you frequent Coffee Houses? _____ If yes, which ones? _____

Do you like Coffee? _____ Favorite Coffee or Drinks _____

Describe your personality _____

IMPORTANT: Name, Address, and Phone Number of Person to Notify in Case of Emergency :

STATEMENT OF HEALTH (CONFIDENTIAL)

Do you have any physical limitations which would hinder your performance in the position applied for? _____

If so please list:

PERSONAL REFERENCES Give Name, Address, and Phone Number of Two References whom you have known for at least two years. (Not relatives or former employers)

1. _____
2. _____

EDUCATION Name and Address of Schools Attended

Last High School Attended _____

Last Grade Completed _____ Did you Graduate? _____ Date of Leaving or Graduation _____

Jr. College _____

Major Subjects _____ Years Completed _____ Degree _____ Graduated _____ Date Left _____

College or University _____

Major Subjects _____ Years Completed _____ Degree _____ Graduated _____ Date Left _____

Technical or Vocational _____

Major Subjects _____ Years Completed _____ Degree _____ Graduated _____ Date Left _____

Other details of training or experience: _____

EMPLOYMENT HISTORY Give a complete record or ALL employment and reasons for periods unemployed during past 5 years, plus any additional employment which may apply to position being applied for. (Start with most recent employment first)

From (month, yr.)	To (month, yr.)	Employers Name Address, Phone#, Supervisor	Salary per ____ Position:	Reason for Leaving (explain in full)
		1. Name: _____ Address _____ Phone # _____ Supervisor _____ Responsibilities:	Salary: \$ ____ per ____ Position _____	
		2. Name: _____ Address _____ Phone # _____ Supervisor _____ Responsibilities:	Salary: \$ ____ per ____ Position _____	
		3. Name: _____ Address _____ Phone # _____ Supervisor _____ Responsibilities:	Salary: \$ ____ per ____ Position _____	
		4. Name: _____ Address _____ Phone # _____ Supervisor _____ Responsibilities:	Salary: \$ ____ per ____ Position _____	
		5. Name: _____ Address _____ Phone # _____ Supervisor _____ Responsibilities:	Salary: \$ ____ per ____ Position _____	

Q & A: (Answer the following in your own words, be honest)

What do you expect working at a coffeehouse would be like? _____

Why do you want to work at Chicory Café? _____

Why should you be hired over the other applicants?

How will you make Chicory Café better?

Summarize any special skills or qualifications:

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize the companies, schools, or persons named above to give any information regarding my employment or my physical condition, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information.

SIGNED _____ DATE _____

*This form is designed to be non-discriminatory. If you object to any question, do not answer it.