



Application for Employment

All qualified applicants for employment will receive consideration for employment without regard to race, creed, sex, age, national origin, or disability as described by The Americans with Disability Act of 1990. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

PERSONAL INFORMATION

DATE _____

NAME

SSN#

LAST

FIRST

MIDDLE

CURRENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE () -

PHONE () -

ARE YOU 19 YEAR OR OLDER? YES NO

CURRENT

PERMANENT

POSITION DESIRED:

**DATE YOU
CAN START**

**SALARY
DESIRED**

WORK AVAILABILITY (INDICATE SHIFTS YOU ARE AVAILABLE)

	M	TUE	W	THR	F	S	S
LUNCH							
DINNER							

ARE YOU INTERESTED IN **PART TIME** **FULL TIME**

ARE YOU EMPLOYED NOW? **YES** **NO**

IF SO, CAN WE INQUIRE OF YOUR CURRENT EMPLOYER? **YES** **NO**

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? **YES** **ALIEN**
 NO **REGISTRATION #** _____

PLEASE SPECIFY HOW YOU FOUND OUT ABOUT THE COTTAGE CAFE?



<u>EDUCATION</u>	<u>NAME AND LOCATION OF SCHOOL</u>	<u># OF YEARS ATTENDED</u>	<u>DID YOU GRADUATE</u>	<u>SUBJECT STUDIED</u>
HIGH SCHOOL				
COLLEGE				
OTHER EDUCATION				

EMPLOYMENT HISTORY


PLEASE LIST ALL JOBS, BEGINNING WITH YOUR PRESENT OR LAST EMPLOYER. ACCOUNT FOR ALL PERIODS, INCLUDING UNEMPLOYMENT, SELF-EMPLOYMENT, SCHOOL, AND MILITARY SERVICE.

Company Name & Address		Job Title		
		Supervisor Name & Phone		
Date		Type of Business	Job Duties & Responsibilities	Reason for Leaving
Start M/Y	End M/Y			

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		Supervisor Name & Phone		
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Company Name & Address		Job Title		
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Start M/Y	End M/Y			

REFERENCES FROM OTHER JOBS		
NAME	ADDRESS & PHONE #	OCCUPATION

 Who to contact in case of emergency? _____

I certify the facts set forth in this application for employment are true and complete to the best of my knowledge and I agree you may investigate my statements.. I agree to permit all past employers to give any information concerning me and release them from any liability in furnishing such information. I understand, if employed, false statements on this application shall be considered sufficient cause for dismissal. I understand that, if hired, my employment is for no definite period and may, regardless of date of payment of my wages, be terminated at any time without prior notice.

Date _____ Signature. _____

I agree to be paid at the following salary: _____ per Hour / Week for the position of _____

New Hire Signature _____ Team Leader Signature _____ Date _____