

Instructions & Checklist Employment Application

This package contains: (1) Instructions and Checklist for the Employment Application; (2) Employment Application.

This application makes assertions regarding the company's practice of providing equal employment opportunities; review your company's policy to ensure its accuracy.

The applicant should sign the employment application.

If the applicant is hired, a copy of their employment application should be kept with their other employment records.

Laws vary from time to time and from state to state. These forms are not intended to be and are not a substitute for legal advice. Employers should consult with their attorneys before using this application to ensure that it complies with all laws.

The purchase and use of these forms is subject to the "Disclaimers and Terms of Use" found at findlegalforms.com.

THE COFFEE GROUNDS APPLICATION OF EMPLOYMENT

It is the policy of The Coffee Grounds to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

POSITION and LOCATION YOU ARE APPLYING FOR:

_____ Date _____

PERSONAL INFORMATION

First Name Middle Initial Last Name

Current Address:

Street and Apt. # City State Zip Code

Permanent Address (if different from above):

Street and Apt. # City State Zip Code

Telephone: _____ E-mail: _____

Social Security #: _____ - _____ - _____ Driver's License #: _____ State: _____

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:

Yes **No**

Have you ever been convicted of a felony? **Yes** **No**

If you answered yes, please explain:

Have you ever served in the U.S. Military? **Yes** **No**

If yes, please provide the following information:

Branch of Service: _____ Rank at time of separation: _____

I served from _____ to _____.

Have you ever been excluded from any federally funded health care program including, but not limited to, Medicare and Medicaid. **Yes** **No**

Last Name: _____ First Name: _____ Middle Initial: _____

EMPLOYMENT HISTORY:

Present or Most Recent Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reason for leaving: _____

Last Name: _____ First Name: _____ Middle Initial: _____

EDUCATION

High School

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: _____

Technical or Vocational School

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

Last Name: _____ First Name: _____ Middle Initial: _____

POSITION INFORMATION:

Position Specifications

Position and store location Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work weekends? Yes No

Do you understand that a Alcohol Servers license is required for this job and that you are responsible for the cost of the class and the license renewal each year. Yes No

Do you understand the use of company computers for personal use is strictly prohibited and this could result in job loss if not complied with?
 Yes No

When would you would you be able to start? _____

Desired salary: _____ per _____

Skills

Please describe any skills you have in the following areas:

Computer:

Languages Spoken (other than English):

Other:

PLEASE PROVIDE YOUR JOB REFERENCES ON A SEPARATE SHEET OF PAPER.

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____ **Date** _____