

ODD'S CAFE
Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
Date Available			Desired Hourly Pay			
Position Applied for						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you at least 18 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

EDUCATION

High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other Training			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
City/State			
Full Name		Relationship	
Company		Phone	
City/State			
Full Name		Relationship	
Company		Phone	
City/State			

What is your past **coffee** experience
(if different than above)

- 1. _____
- 2. _____
- 3. _____

Please list any volunteer work you do:

- 1. _____
- 2. _____
- 3. _____

What are the top three reasons why you would like to work here?

- 1. _____
- 2. _____
- 3. _____

What are some things that motivate you?

- _____
- _____
- _____

What do you like to do in your spare time?

- _____
- _____
- _____

What are three characteristics you believe are found in a great staff member?

- _____
- _____
- _____

At this job, constant cleaning is required. Is this something that you will mind doing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
This job requires standing for long periods, are you able to do so?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to lift 25 lbs. and stock items above your head?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
We also require that you maintain a positive mental attitude with staff and customers whenever you are at work. Do you feel that you would be able to do this?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Is there any other information about you that you feel we should know?

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

(Applicant's signature)

Today's date: _____ / _____ / _____
(m) (d) (yyyy)

Thank you for taking the time to complete this application. We look forward to having you work with us someday!

Audrie and Melisa
Odd's Café, Inc.