

Employment Application

Christy's Corner Cafe

Date of Interview (Month/Day/Year)

____ / ____ / ____

Programs, services, and employment are equally available to everyone. Please inform the manager if you require reasonable accommodations for the application or interview.

APPLICANT DATA

Name: _____
First M. I. Last

Address: _____
Street Number and Name

City State Zip Code

Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____

Date Available to Start: ____ / ____ / ____

Indicate DAYS you are available to work: Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday

Do you have a driver's license? Yes No
Answering "no" does not affect employability.

Are you a U. S. Citizen? Yes No

Do you have transportation to work? Yes No
Answering "no" does not affect employability.

If you are under the age of 18 years of age, can you provide a work permit? Yes No

Have you ever been convicted of a crime? Yes No

If yes, give dates and details:

Answering "yes" to this question 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.

SKILLS

This provides an idea of job situations in which you would be most successful starting out. It does not limit what you may have the potential to do as you become more comfortable in your job.

Which of the following skills do you feel are your **STRENGTHS**?

- | | | |
|---|---|--|
| <input type="radio"/> Chopping/Cutting with a sharp knife | <input type="radio"/> Working with technology | <input type="radio"/> Washing/Drying/Folding Laundry |
| <input type="radio"/> Cleaning, sweeping, & wiping tables | <input type="radio"/> Taking orders | <input type="radio"/> Unloading and sorting items |
| <input type="radio"/> Washing dishes | <input type="radio"/> Preparing food | <input type="radio"/> Safely walking down the street |
| <input type="radio"/> Counting money, giving change | <input type="radio"/> Handling hot liquids | <input type="radio"/> Taking hot pans from the oven |
| <input type="radio"/> Talking to people | <input type="radio"/> Following a recipe | <input type="radio"/> Reading & preparing orders |

Which of the following skills do you not feel comfortable doing?

- | | | |
|---|---|--|
| <input type="radio"/> Chopping/Cutting with a sharp knife | <input type="radio"/> Working with technology | <input type="radio"/> Washing/Drying/Folding Laundry |
| <input type="radio"/> Cleaning, sweeping, & wiping tables | <input type="radio"/> Taking orders | <input type="radio"/> Unloading and sorting items |
| <input type="radio"/> Washing dishes | <input type="radio"/> Preparing food | <input type="radio"/> Safely walking down the street |
| <input type="radio"/> Counting money, giving change | <input type="radio"/> Handling hot liquids | <input type="radio"/> Taking hot pans from the oven |
| <input type="radio"/> Talking to people | <input type="radio"/> Following a recipe | <input type="radio"/> Reading & preparing orders |

EDUCATION

High School Attended: _____

Address: _____
Street Number and Name *City* *State* *Zip Code*

Phone: (_____) _____ - _____

If you are currently a student, may we contact your former teachers or principal for a reference? Yes No

PREVIOUS EMPLOYMENT (Begin with MOST RECENT Position)

Company Name: _____ Supervisor's Name: _____

Address: _____
Street Number and Name *City* *State* *Zip Code*

Phone: (_____) _____ - _____

Dates of Employment: From _____, _____ To _____, _____
Month *Year* *Month* *Year*

Your Job Title/Responsibilities: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Company Name: _____ Supervisor's Name: _____

Address: _____
Street Number and Name *City* *State* *Zip Code*

Phone: (_____) _____ - _____

Dates of Employment: From _____, _____ To _____, _____
Month *Year* *Month* *Year*

Your Job Title/Responsibilities: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____ / _____ / _____

Mail/bring completed applications to: Christy's Corner Café | Attn: General Manager | 368 Rice St., P.O. Box 434 | Elmore, OH 43416 OR scan and email to christyscornercafe@gmail.com | Subject line: Application