Manager Application
Christy's Corner Café

Date of Interview (Month/Day/Year)
_____/_____/_____

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

Personal DATA

Name:_____ _____ _____
First *M. I.* *Last*

Address:_____
Street Number and Name

_____ _____ _____
City *State* *Zip Code*

Phone: (_____) _____ - _____ **Cell Phone:** (_____) _____ - _____

Email Address:_____

AVAILABILITY

Date Available to Start:_____ /_____ /_____

Please indicate the DAYS and TIMES you are available to work. Place an "X" over days you are NOT available.

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIME							

Do you have a driver's license or reliable transportation?	◯ Yes ◯ No
Have you ever been convicted of a crime? 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, and rehabilitation will be considered.*	◯ Yes ◯ No
Are you willing to complete a background check?	◯ Yes ◯ No

STATEMENT OF INTENT

Please write a brief statement as to why you desire to be a manager. Keep in mind that in addition to managing daily operations, you will also be working with, training, and supporting individuals with special needs. (Attach additional sheet.)

Highest Level of Education Completed

◯ High School Diploma ◯ Bachelor's Degree ◯ PhD/Doctorate
◯ Associate Degree ◯ Master's Degree ◯ Other

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

REFERENCES

Please list the names of three references, NOT related to you, whom we may contact.

Name	Relationship to You	Phone Number	Email Address
1			
2			
3			

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 a decision regarding my volunteerism. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my volunteer application.

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

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

Please send completed applications to: **Christy's Corner Café | Attn: Shelli Drossel | 368 Rice St. | Elmore, OH 43416**
OR
Scan and **email** to engagingopportunities@gmail.com | **Subject line:** Shelli Drossel