

AT SARA'S TABLE CHESTER CREEK CAFÉ EMPLOYMENT APPLICATION

Date _____

Last name _____ First name _____ Middle name _____

Local Address _____ City _____ State _____

Permanent Address: _____ City _____ State _____ ZIP _____

Phone _____ Email: _____

Position applied for _____

What hours are you available? _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Would you have any problems serving minorities(racial, ethnic, sexual orientation, mentally ill?)

Employment History (Start with most recent employer)

1. Company Name _____ Address _____ Phone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ Phone: _____

May we contact? Yes No Reason for leaving _____

Responsibilities _____

2. Company Name _____ Address _____ Phone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ Phone: _____

May we contact? Yes No Reason for leaving _____

Responsibilities _____

3. Company Name _____ Address _____ Phone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ Phone: _____

May we contact? Yes No Reason for leaving _____

Responsibilities _____

Do you have food service, retail experience or coffee bar experience not listed under recent employment? List what types and number of months/years.

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What experience do you have with cash registers and or computers?

Anything else you want to tell us about yourself?

Education	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Please list 3 work references with telephone, do not list FRIENDS OR RELATIVES.

NAME	PHONE #	TITLE/RELATIONSHIP	YEARS KNOW
1.			
2.			
3.			

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Thank you, Barb and Carla.