

Vinaka Café Employment Application

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, veteran status, marital status, sexual orientation, or any other characteristic protected by law. We are equal opportunity employer.

PERSONAL DATA			
First Name	Middle Name	Last Name	
Street Address and/or Mailing Address		City	State Zip
Email Address	Home Telephone Number	Business Telephone Number	
Date you can start work	Name drop: who do you know here?	Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
POSITION INFORMATION Check all that you are willing to work			
Hours: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Mornings <input type="checkbox"/> Nights <input type="checkbox"/>	Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/>	Status: Temp <input type="checkbox"/> Permanent <input type="checkbox"/>
Are you authorized to work in the U.S. on an unrestricted basis? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) If yes, explain: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Why do you want to work at Vinaka Café?			
EDUCATION			
	School Name/Address City/State	Degree Received	Areas of Specialization
High School			
College			
College			
APPLICABLE SKILLS Please list any special skills or experience that you feel would help you in the position that you are applying for.			

NOTES (For Interviewer Only)

WORK HISTORY Start with your present or most recent employment and work back. Use a separate sheet if necessary.

Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? Yes No N/A

Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

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, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date