



ESPRESSO.COFFEE.TEA

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER		
PRESENT ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	OTHER PHONE		

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START		
ARE YOU CURRENTLY EMPLOYED (CIRCLE ONE)?	YES	NO	SALARY DESIRED
			HOURS PER WEEK DESIRED
IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES	NO	HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO
WHICH MOKA LOCATION HAVE YOU PREVIOUSLY APPLIED TO?	WHEN DID YOU APPLY TO A PREVIOUS MOKA LOCATION?		

## EDUCATIONAL HISTORY

NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?		SUBJECTS STUDIED
HIGH SCHOOL		YES	NO	
COLLEGE OR UNIVERSITY		YES	NO	
TRADE, BUSINESS OR CORRESPONDANCE SCHOOL		YES	NO	

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH, WORK OR SPECIAL TRAINING/SKILLS			
MILITARY SERVICE	NUMBER OF YEARS SERVED	POSITION	RANK

## FORMER EMPLOYERS LIST BELOW LAST FOUR EMPLOYERS, LISTING MOST RECENT FIRST)

EMPLOYER NAME AND ADDRESS	MONTH AND YEAR	SALARY	POSITION	REASON FOR LEAVING
	FROM:			
	TO:			
	FROM:			
	TO:			
	FROM:			
	TO:			

### REFERENCES (GIVE THE NAME OF THREE PERSONS BELOW TO WHOM YOU ARE NOT RELATED AND HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN

### AUTHORIZATION

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.”

SIGNATURE	DATE

### PLEASE DO NOT WRITE BELOW THIS LINE

INTERVIEW DATE	DRESS CODE	
PROBABLE HOURS PER WEEK	TRANSPORTATION	
TRAINING PAY	FOLLOW UP DATE	
STARTING PAY	APPLICANT'S INITIALS	INTERVIEWERS'S INITIALS