



Application for Employment

Name _____ Nickname _____

Home Phone _____ Message Phone _____ Cell _____

Street Address _____ City _____ State _____ Zip _____

Nothing in the Crackers & Co. Café Eastgate Inc., policies, procedures, practices, handbooks, manuals or other employment materials shall be construed or interpreted as an employment contract. Crackers & Co. Café Eastgate Inc., reserves the unconditional right to modify, delete, or make any exception to any of its policies or procedures with or without notice at any time and for any reason. Crackers & Co. Café Eastgate Inc., in its full discretion, also reserves the unconditional right to terminate any person's employment at any time and for any reason. Any oral statements, representations, or promises contrary to the above, including promises of employment for any specified period of time, are not binding upon Crackers & Co. Café Eastgate Inc..

Mailing Address _____ City _____ State _____ Zip _____

Do you have reliable transportation to meet any scheduled shift? _____

Have you been convicted of a felony? _____ (If yes, give details on last page.)

List any language other than English that you can speak & write: _____

Have you ever worked for us before? _____ If so, under what name? _____

Do you have any friends or relatives working for us? _____ Who? _____

Do you have a valid driver's license? _____ Class _____ State _____ License No. _____

Have you had any accidents or moving violations in the past three years? _____ If yes, please provide details on last page.

Do you have a legal right to work in the U.S.? _____ Can you provide documentation of your legal right to work? _____

ABOUT THE JOB

For what position are you applying? _____ Salary Requirement: \$ _____ per _____

Would you accept another position? _____ If so, which one? _____

Which do you prefer? full time work part time work. If part time, about how many hours per week? _____

Which will you accept? full time work part time work

When could you start working for us **full time**? _____

ABOUT YOUR WORK EXPERIENCE (please start with your most recent position)

COMPANY _____ Mo/ Yr Hired _____ Mo/Yr Left _____

Job Title _____ Reason for Leaving _____

Starting _____ Ending _____ Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____

Supervisor's Name _____ Position _____ Phone _____

COMPANY _____ Mo/ Yr Hired _____ Mo/Yr Left _____

Job Title _____ Reason for Leaving _____

Starting _____ Ending _____ Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____

Supervisor's Name _____ Position _____ Phone _____

COMPANY _____ Mo/ Yr Hired _____ Mo/Yr Left _____

Job Title _____ Reason for Leaving _____

Starting _____ Ending _____ Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____

Supervisor's Name _____ Position _____ Phone _____

NOTE:

If you have more information about your work experiences that you feel would be helpful, feel free to list them on the back or on a separate sheet.

About Your Education

HIGH SCHOOL _____ City _____ State _____ Graduated? _____

No. Yrs. Completed _____ Major _____ Verification Phone (____) _____

COLLEGE _____ City _____ State _____ Degree _____

No. Yrs. Completed _____ Major _____ Verification Phone (____) _____

GRAD SCHOOL _____ City _____ State _____ Degree _____

No. Yrs. Completed _____ Major _____ Verification Phone (____) _____

Extracurricular activities:

Other training programs completed:

Professional memberships and certifications:

OTHER COMMENTS

Describe why you would be a good choice for this position?

I certify the information above is complete and accurate to the best of my knowledge. I authorize the individuals, companies and agencies concerned to provide the company and its agents with all information necessary to verify the statements I have made in this application and I release them from any liability for so doing. I understand I must receive satisfactory references from previous employers, co-workers and subordinates (if any) before an offer of employment can be made. I understand that incomplete or unsigned applications will not be considered and that false, incomplete or misleading statements are grounds for my immediate discharge. I understand that my offer of employment is contingent upon my passing a prescribed physical examination, providing my identity and documenting my right to work. I understand these policies cannot be changed except in writing by the President.

Signature _____ Print Name _____ Date _____