



# Application for Employment

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on any /all protected classifications. Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered. Please mark "n/a" if question doesn't apply.*

<b>CLANCY BROTHERS COFFEE ROASTERS</b>	<b>POSITION APPLYING FOR:</b>
--	-------------------------------

## PERSONAL INFO

Name:		SSN:		DOB:	
Address:			City :		State:
Cell phone Number:			Email:		Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date you can start work:		Desired Wage:		Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## POSITION INFO

Desired days per week: 1-2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3-4 <input type="checkbox"/>	Preferred Shift: A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Both <input type="checkbox"/>	Do you work weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you understand, generally speaking, what this job entails? Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you perform the essential tasks of this job with reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you interested in adding more responsibilities over time? Explain why or why not: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a felony? (Convictions don't necessarily disqualify an applicant for employment) If yes, explain: Yes <input type="checkbox"/> No <input type="checkbox"/>			

## QUALIFICATIONS- EDUCATION, CERTIFICATIONS or TRAINING

Institution Name	Address	Degree	Additional Information
#1			
#2			
#3			

**SPECIAL SKILLS** Please list any special skills or experience that you feel would help you in the position that you are applying for

## REFERENCES

Please list at least one to three professional references, not related to you, with full name, address, phone number, and relationship.

Name	Address	Phone Number	Relationship

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

<b>Job Title #1</b>	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

<b>Job Title #2</b>	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

<b>Job Title #3</b>	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

<b>Job Title #4</b>	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: