

DATE : \_\_\_\_\_

**Coffee Time Bake Shop**  
**Employment Application Form**

(1) PLEASE PRINT ALL INFORMATION REQUESTED (EXCEPT SIGNATURE).  
(2) PLEASE COMPLETE PAGES 1-5.

Name \_\_\_\_\_  
*Last First Middle Maiden*

Present Address \_\_\_\_\_  
*Number Street City State Zip*

How long have you lived at this address? \_\_\_\_\_

Social Security No: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ IF UNDER 18, please list age: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Alternate Phone (\_\_\_\_) \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

**Days/Hours Available to Work:**

Mon \_\_\_\_\_ Thurs \_\_\_\_\_ Sun \_\_\_\_\_

Tues \_\_\_\_\_ Fri \_\_\_\_\_ No Preference \_\_\_\_\_

Wed \_\_\_\_\_ Sat \_\_\_\_\_

How many hours are you looking for weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

**Employment Desired:**

FULL-TIME ONLY       PART-TIME ONLY       FULL- OR PART-TIME

When are you available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offenses was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

**Driver's License:**

Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Expiration Date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How many? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_

Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Company Name _____ Address _____ City, State, Zip Code _____ Phone Number (____) _____	Name of Last Supervisor _____ Employment Dates: FROM _____ TO _____ Pay or Salary: START _____ FINAL _____
Your Last Job Title: _____ Reason for leaving ( <i>be specific</i> ): _____	

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name _____ Address _____ City, State, Zip Code _____ Phone Number (____) _____	Name of Last Supervisor _____ Employment Dates: FROM _____ TO _____ Pay or Salary: START _____ FINAL _____
Your Last Job Title: _____ Reason for leaving ( <i>be specific</i> ): _____	

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name _____ Address _____ City, State, Zip Code _____ Phone Number (____) _____	Name of Last Supervisor _____ Employment Dates: FROM _____ TO _____ Pay or Salary: START _____ FINAL _____
Your Last Job Title: _____ Reason for leaving ( <i>be specific</i> ): _____	

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_

Name of Last Supervisor \_\_\_\_\_  
Employment Dates:  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
Pay or Salary:  
START \_\_\_\_\_ FINAL \_\_\_\_\_

Your Last Job Title: \_\_\_\_\_  
Reason for leaving (*be specific*): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact your present employer?  Yes  No

Did you complete this application yourself?  Yes  No

If not, who did? \_\_\_\_\_

PLEASE READ CAREFULLY

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Coffee Time Bake Shop, Inc. (hereinafter called "the Company"), I agree that:

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of thirty (30) days, and during the probationary period, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**Thank you for completing this application form and for your interest in our business.**