



CAPANNA
 Coffee & Gelato
 Application for employment

Name (last name first): _____

Social Security Number: _____

Present Address: _____

City

State

Zip Code

Permanent Address: _____

City

State

Zip Code

Phone Number: _____

()

Referred By: _____

Email address: _____

Are you 18 or Older? _____

If No, How old are you? _____

Position Desired: _____

Date You Can Start: _____

Salary Desired: _____

Are You Employed? _____

If so, may we inquire of your present employer? _____

Yes ___ No _____

Yes ___ No _____

Ever applied to this company before? _____

Where? _____

When? _____

Yes ___ No _____

Education History

Name and location of school

Years attended

Did you graduate?

Subjects studied

College _____

Trade School _____

Subjects of special study/ research work or special training/skills: _____

US Military or Naval Service: _____

Rank: _____

Former Employers (list last three employers, starting with most recent):

1. Name and address of Employer	Date: (month/year)	
_____	From _____ To _____	
Salary: _____	Position: _____	Reason For Leaving: _____
_____	_____	_____
2. _____	From _____ To _____	_____
_____	_____	_____
3. _____	From _____ To _____	_____
_____	_____	_____

Hours of Availability	Amount of Hours Desired: _____	Minimum: _____
Mon Tue Wed Thurs Fri Sat Sun	_____	_____
_____	_____	_____

References

Please give the names of three persons not related to you, whom you have known for at least one year:

Name:	Address:	Business:	Contact Number	Years Known:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

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 damage 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____ Signature _____

Interviewed by: _____ Date: _____