



PERSONAL INFORMATION

NAME (FIRST, LAST)			DATE:	
ADDRESS	APT	CITY	STATE	ZIP CODE
EMAIL ADDRESS		PHONE		
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, PLEASE GIVE AGE AND DATE OF BIRTH		

EMPLOYMENT INFORMATION

POSITION APPLYING FOR	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	HOURS PER WK	DESIRED WAGE
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you looking for: <input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal		Date you can start:
How did you find out about our employment opportunities? <input type="checkbox"/> Online <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend <input type="checkbox"/> Other		Do you know anyone who is or was employed by R&R? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO?	
Where else have you applied, or are planning to apply?		Have you been terminated from a job? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHY?	
Are you legally able to be employed in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have reliable transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

SCHOOL LEVEL	NAME OF SCHOOL, CITY & STATE	YEARS COMPLETED	DATES ATTENDED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL		1 2 3 4	FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4	FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE/ BUSINESS SCHOOL		1 2 3 4	FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL

Have you ever worked in a coffeehouse? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE?	Have you ever used an espresso machine? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH?
Have you ever worked in food service before? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE?	DATES EMPLOYED: If yes, please describe your experience(s).
Special Skills	

EMPLOYMENT HISTORY LIST BELOW YOUR LAST THREE EMPLOYERS, BEGINNING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER			JOB TITLE	
STREET ADDRESS		CITY	STATE	PHONE
START DATE	END DATE	REASON FOR LEAVING		
STARTING SALARY OR HOURLY WAGE	ENDING SALARY OR HOURLY WAGE	NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF WORK				

NAME OF PREVIOUS EMPLOYER			JOB TITLE	
STREET ADDRESS		CITY	STATE	PHONE
START DATE	END DATE	REASON FOR LEAVING		
STARTING SALARY OR HOURLY WAGE	ENDING SALARY OR HOURLY WAGE	NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF WORK				

NAME OF PREVIOUS EMPLOYER			JOB TITLE	
STREET ADDRESS		CITY	STATE	PHONE
START DATE	END DATE	REASON FOR LEAVING		
STARTING SALARY OR HOURLY WAGE	ENDING SALARY OR HOURLY WAGE	NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF WORK				

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST FIVE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)	