



## APPLICATION FOR EMPLOYMENT

*Please complete the entire application to ensure the processing.*

PERSONAL INFORMATION (Please Print)		Applying for: COFFEE SHOP			WINE BAR		
Last Name:	First Name:	Middle Initial	SSN	Date			
Are you less than 18 years of age		Yes		No		(Local Joy is required to comply with federal, state, and provincial law)	
U.S. Applicant Only: Are you legally eligible for employment in the U.S.? (All new hires will be required to provide proof of eligibility to work in the U.S.)		Yes	No	Have you been convicted of a crime in the last seven (7) years?		Yes	No
<b>Present Address</b>							
Street:		City:		State:		Zip:	
<b>Permanent Address</b>							
Street:		City:		State:		Zip:	
<b>Phone Number</b>							
Daytime:		Evening:		Referred By:			
<b>EMPLOYMENT DESIRED</b>							
<b>Position Desired:</b>							
Specify hours available for each day of the week.	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Are you able to work overtime?	Yes	No					
<b>EDUCATION</b>							
	Name and Address of School	Years Completed	Did you Graduate?		Subject Studied and Degree Received		
High School			Yes	No			
College			Yes	No			
Post College			Yes	No			
Trade, Business or Correspondence School			Yes	No			
List Skills relevant to the position applied for:							
Do you have your Food Handler Certification / Card?		YES		NO			
Do you have a service permit from the OLCC?		YES		NO			
Why would you like to work at Local Joy?							
Describe a specific situation in which you provided excellent customer service in your most recent position. Why was this effective?							



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**FORMER EMPLOYERS** - Please list the current and last three employers below, starting with the most recent one first. Please include any non-paid/volunteer experience related to the job for which you are applying. Please complete even if you attach a resume.

Name and Address of Employer – Type of Business						
1	<b>From:</b>	<b>Current Employer</b>	<b>Salary or Hourly</b>	<b>Position</b>	<b>Reason For Leaving?</b>	
			Starting:			
	<b>To:</b>		Ending:			
			Avg # of hours:			
<b>Duties Performed:</b>						
<b>Supervisor Name:</b>			<b>Phone #</b>	<b>May We Contact?</b>	<b>Yes</b>	<b>No</b>
2	<b>From:</b>	<b>Previous Employer</b>	<b>Salary or Hourly</b>	<b>Position</b>	<b>Reason For Leaving?</b>	
			Starting:			
	<b>To:</b>		Ending:			
			Avg # of hours:			
<b>Duties Performed:</b>						
<b>Supervisor Name:</b>			<b>Phone #</b>	<b>May We Contact?</b>	<b>Yes</b>	<b>No</b>
3	<b>From:</b>	<b>Previous Employer</b>	<b>Salary or Hourly</b>	<b>Position</b>	<b>Reason For Leaving?</b>	
			Starting:			
	<b>To:</b>		Ending:			
			Avg # of hours:			
<b>Duties Performed:</b>						
<b>Supervisor Name:</b>			<b>Phone #</b>	<b>May We Contact?</b>	<b>Yes</b>	<b>No</b>
4	<b>From:</b>	<b>Previous Employer</b>	<b>Salary or Hourly</b>	<b>Position</b>	<b>Reason For Leaving?</b>	
			Starting:			
	<b>To:</b>		Ending:			
			Avg # of hours:			
<b>Duties Performed:</b>						
<b>Supervisor Name:</b>			<b>Phone #</b>	<b>May We Contact?</b>	<b>Yes</b>	<b>No</b>
<b>Have you ever been terminated (or resigned while facing possible termination or at an employer's request)?</b>					<b>Yes</b>	<b>No</b>

**If yes, please explain the circumstances:**

**REFERENCES** – Give below the names of three professional references whom you have known for at least one year.

Name	Address	Phone	Business	Years Acquainted How Do You Know This Person?
1				
2				
3				



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## VERIFICATION AND SIGNATURE:

1. I authorize the investigation of all matters that the Company deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents, or interviews. I authorize you to request and receive such information, and I release from all liability any current or former employers, other entities (schools, etc.), or persons (such as current or former supervisors, coworkers, etc.) supplying it. I also release you from all liability that might result from making the investigation.
2. I certify that all the information given in this application and in any attachments, supporting documents, or interviews is (or will be) true and complete to the best of my knowledge. I understand and agree that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when and how discovered.
3. I understand and agree that I may be required to submit to pre- or post-employment physical or other professional examinations, medical inquiries, and/or urinalysis tests for the presence of drugs and/or alcohol. **IMPORTANT:** This means that with very few exceptions—an employee will be required to submit to testing in several different circumstances. Ask to see copies of our applicant and employee alcohol and drug policies if you have any questions. I agree to such examinations, inquiries, and/or testing at the Company's expense. I authorize the release of the results to the Company and their use to evaluate my suitability for employment. I also release the Company from all liability arising out of or connected with any examinations, inquiries, and/or testing.
4. I understand and agree that I may resign or be terminated, without cause or notice, at any time unless otherwise stated in a written employment contract. I also understand and agree that an Owner is the only person who will ever have the authority to agree to any other terms and/or to enter such contracts and that all such agreements for other terms of employment or contracts must also be signed by both parties. I also understand and agree that unless otherwise stated in a written employment contract, the Company may change, withdraw, and interpret other policies (including wages, hours, and working conditions) as it deems appropriate.
5. This application will only be considered active for 60 days. I understand that if the Company has not contacted me within 60 days and I still want to be considered for employment, I will need to reapply in writing or apply in person to renew or update my application within five days of the 60-day expiration.
6. I understand and agree that if I am hired, the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements and reviewed all the information provided in this application and any attachments or supporting documents.

	Yes	No
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**Signature:**

**Date:**