

CABIN FEVER COFFEE, L.L.C. ®

*312 Clinton St, Downtown Defiance or 1600 N. Clinton St. Northtowne
419-782-5400 or 419-784-JAVA



PERSONAL INFORMATION

Name _____ Soc. Sec. No. ____/____/____ Phone _____

Present Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Are you either a U.S. citizen or an alien authorized to work in the U.S.? ____? Are you 18 years or older? ____

DESIRED EMPLOYMENT

Position _____ Date you can start _____

Are you employed now? _____

How did you hear of CABIN FEVER COFFEE? friend _____ walk in _____ other _____

AVAILABILITY

Fulltime ____ (30-40 hours per week) Part-time ____ (20-30 hours per week)

Please Indicate Availability Each Day: Indicate A.M. or P.M.

Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun ____

EDUCATION

School Level:	Name	Location	Did you graduate ?	Degree
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College	_____	_____	_____	_____
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High School	_____	_____	_____	_____
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Other	_____	_____	_____	_____
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Are you willing to take a drug test? _____

Have you ever been convicted of a crime? _____

HAVE YOU EVER OPERATED A CASH REGISTER? _____

Special training or skills you feel qualify you for this position ? _____

List below your most recent employers, beginning with the most recent one.

1) Company: _____ Address: _____

Job Title: _____ Supervisor Name _____ Phone: _____

Date Started: _____ Date left: _____ How much did you make per hour? _____

Why did you leave? _____

2) Company: _____ Address: _____

Job Title: _____ Supervisor Name _____ Phone: _____

Date Started: _____ Date left: _____ How much did you make per hour? _____

Why did you leave? _____

Why do you think you are the best candidate for this job? _____

What does customer service mean to you? _____

What is your favorite coffee drink? _____

Do you know what a BARISTA is? _____

"I certify that the facts stated 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 in this application and the references 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 all parties from all liability for any damage that may result from furnishing the information to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated any time without any prior notice."

Date: ____/____/____ Signature _____

Date interviewed: ____/____/____ Date hired: ____/____/____ Hired by: _____