

ERIK'S DELICAFE, INC. APPLICATION FOR EMPLOYMENT

Erik's DeliCafe is an equal opportunity employer, dedicated to a policy of non-discrimination in employment of any basis including race, color, age, sex, religion, national origin, the presence of mental, physical or sensory disability, sexual orientation, or on any other basis prohibited by federal, state provincial law.

Please complete entire application to ensure processing.

PERSONAL INFORMATION (Please print)

DATE: _____

NAME: _____ PHONE NUMBER(s): _____

ADDRESS: _____

Number	Street	Apt. #
City	State	Zip
		How Long

HOW LONG HAVE YOU LIVED IN THE AREA? _____ SSN#: _____

DO YOU PLAN TO REMAIN IN THE AREA? _____ ARE YOU LESS THAN 18 YEARS OLD _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES _____ NO _____

(Proof of U.S. citizenship or immigration status will be required if hired)

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST SEVEN (7) YEARS? YES _____ NO _____

(If yes, list convictions that are a matter of public record (arrests are not convictions). A conviction will not necessarily disqualify you for employment): _____

MODE OF TRANSPORTATION _____

DO YOU KNOW, OR ARE YOU RELATED TO ANYONE NOW EMPLOYED BY ERIK'S DELICAFE? _____

IF YES, WHO? _____

EMPLOYMENT DESIRED

POSITION: _____ LOCATION: _____ DESIRED PAY: _____ DATE YOU CAN START: _____

SPECIFY HOURS AVAILABLE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.

HAVE YOU EVER WORKED AT AN ERIK'S DELICAFE BEFORE? IF YES, PLEASE INDICATE WHERE? _____ AND WHEN? _____

EDUCATION

	NAME & LOCATION	SUBJECTS STUDIED	DID YOU GRADUATE?
HIGH SCHOOL:			
COLLEGE:			
OTHER:			

ARE YOU ENROLLED OR PLANNING TO ENROLL IN CLASSES IN THE NEAR FUTURE?

IF YES, IN WHAT AND WHERE?: _____

HOBBIES OR OTHER INTERESTS: _____



HAVE YOU EVER VISITED AN ERIK'S DELICAFE BEFORE? _____ IF YES, WHICH LOCATION: _____ DESCRIBE YOUR EXPERIENCE:

WHY WOULD YOU LIKE TO WORK AT ERIK'S DELICAFE?

PLEASE DESCRIBE A SITUATION WHERE YOU HAVE PROVIDED EXCELLENT CUSTOMER SERVICE IN YOUR MOST RECENT POSITION.

FORMER EMPLOYERS LIST BELOW THREE FORMER EMPLOYERS, LAST ONE FIRST:

	EMPLOYMENT From - To	NAME, ADDRESS & PHONE NO.	PAY	DUTIES	REASON FOR LEAVING
1.					
2.					
3.					

IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER AS A REFERENCE?
 _____ YES _____ NO

OTHER EXPERIENCES OR SKILLS WHICH YOU FEEL WOULD QUALIFY YOU FOR THIS JOB: _____

PHYSICAL CONDITION

DO YOU HAVE ANY PHYSICAL CONDITION OR HANDICAP WHICH MIGHT LIMIT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLY? _____ IF YES, PLEASE DESCRIBE SUCH CONDITION OR HANDICAP: _____

REFERENCES GIVE THE NAMES OF TWO FORMER EMPLOYERS OR SUPERVISORS WHO MAY BE CONTACTED TO PROVIDE INFORMATION ABOUT YOUR PREVIOUS WORK EXPERIENCE.

NAME	ADDRESS	PHONE	BUSINESS	NO. OF YEARS KNOW

READ BEFORE SIGNING: I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED ON THIS APPLICATION. I UNDERSTAND MISREPRESENTATION OF FACTS REQUESTED IS CAUSE FOR DISQUALIFICATION FROM CONSIDERATION AND/OR DISMISSAL. I UNDERSTAND THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND MAY BE TERMINATED AT ANY TIME BY ERIK'S DELICAFE, INC. OR BY ME, WITH OR WITHOUT CAUSE. I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS AND ACCEPT THE SAME AS CONDITIONS OF EMPLOYMENT.

SIGNATURE: _____ DATE: _____

