Today's Date: ___/_____/____

FREIGHTHOUSE market & cafe

Applicant Information

FIRST NAME | MIDDLE | LAST | PHONE NUMBER

email address:

ADDRESS: LIST PHYSICAL AND MAILING SEPARATE IF DIFFERENT
STREET | CITY | STATE | ZIP

POSITION DESIRED:
ANY POSTION
CARMEN'S ICE CREAM (seasonal)
CAFÉ- FOOD PRODUCTION/ PREP/ CASHIER

SCHEDULE REQUIREMENTS IF ANY:

RELIABLE transportation/ how will you get to work?

DATE OF BIRTH_____

PAY EXPECTED ? $_____PER HOUR

Legally eligible for employment in the U.S? Yes / No
(All new hires required to provide proof of eligibility to work in the U.S.)

WHEN CAN YOU START?_____/_____/_____

ARE YOU LOOKING FOR FULL-TIME OR PART-TIME WORK?

ARE YOU ON LAY-OFF AND SUBJECT TO RECALL?___

IF YES EXPLAIN_____

Is there anything that would interfere with your availability?

ANY PHYSICAL LIMITATIONS?_____

IF YES EXPLAIN_____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?

EDUCATION

SCHOOL NAME:	GRADED	HIGH SCHOOL	COLLEGE
YEARS COMPLETED		9 10 11 12	1 2 3 4

LIST JOB RELEVANT SKILLS – if applicable, and where you received this training/ skills

EMERGENCY NOTIFY | RELATIONSHIP TO YOU | PHONE

EMPLOYMENT *List below current and past employers, most recent first. Please include any non-paid/volunteer experience.*

COMPANY NAME | TELEPHONE #
ADDRESS | EMPLOYED: FROM TO
JOB DESCRIPTION | REASON FOR LEAVING | Hourly PAY: START LAST | NAME OF SUPERVISOR

COMPANY NAME | TELEPHONE #
ADDRESS | EMPLOYED: FROM TO
JOB DESCRIPTION | REASON FOR LEAVING | Hourly PAY: START LAST | NAME OF SUPERVISOR

COMPANY NAME | TELEPHONE #
ADDRESS | EMPLOYED: FROM TO
JOB DESCRIPTION | REASON FOR LEAVING | Hourly PAY: START LAST | NAME OF SUPERVISOR

IMPORTANT: PLEASE ATTACH RESUME IF AVAILABLE.

The information provided in this application is true, correct, and complete. If employed, I understand that false or misleading information given in my application or interview may result in dismissal. I understand, also, that I am required to abide by all rules and regulations of the company.

PLEASE SIGN: here:_____