



## TEAM MEMBER APPLICATION

### PERSONAL INFORMATION

Date

NAME (LAST NAME FIRST)		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NO. (      )	ALTERNATE PHONE NO. (      )	
E-MAIL ADDRESS	REFERRED BY	

### EMPLOYMENT DESIRED

POSITION DESIRED?	FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	TEMP <input type="checkbox"/>	SEASONAL <input type="checkbox"/>			
DATE YOU CAN START?	NUMBER OF HOURS YOU WOULD LIKE TO WORK?						
DAYS/HOURS OF THE WEEK YOU ARE AVAILABLE TO WORK?	MON/HRS	TUE/HRS	WED/HRS	THUR/HRS	FRI/HRS	SAT/HRS	SUN/HRS
SALARY DESIRED?							
ARE YOU EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>					
EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		WHERE/WHEN?					
ARE YOU A U.S. CITIZEN?		IF NOT, DO YOU HAVE WORK PAPERS?					
DO YOU KNOW ANYONE WHO IS OR WAS EMPLOYED BY CABIN COFFEE CO.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	WHO?			

### GENERAL INFORMATION

WHICH STORE LOCATION ARE YOU APPLYING?	
IS THERE ANY WORK YOU ARE UNABLE OR UNWILLING TO PERFORM? YES <input type="checkbox"/> NO <input type="checkbox"/>	EXPLAIN
IF HIRED AT CABIN COFFEE COMPANY, ARE YOU PREPARED TO PROVIDE YOUR MEDICAL HISTORY AND TAKE A PHYSICAL EXAM, INCLUDING DRUG AND ALCOHOL SCREENING? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? (CONVICTIONS WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT)	
YES <input type="checkbox"/> NO <input type="checkbox"/>	EXPLAIN
WHY DO YOU WANT TO WORK FOR CABIN COFFEE?	
ARE YOU A COFFEE DRINKER? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHAT IS YOUR FAVORITE COFFEE DRINK?
DO YOU HAVE TRANSPORTATION? YES <input type="checkbox"/> NO <input type="checkbox"/>	

**FORMER EMPLOYERS** (LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE (MONTH AND YEAR)	FROM	TO
NAME OF EMPLOYER	SUPERVISOR'S NAME	
ADDRESS OF EMPLOYER	PHONE NUMBER (     )	
STARTING SALARY	ENDING SALARY	
STARTING POSITION & RESPONSIBILITIES		
ENDING POSITION & RESPONSIBILITIES		
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DATE (MONTH AND YEAR)	FROM	TO
NAME OF EMPLOYER	SUPERVISOR'S NAME	
ADDRESS OF EMPLOYER	PHONE NUMBER (     )	
STARTING SALARY	ENDING SALARY	
STARTING POSITION & RESPONSIBILITIES		
ENDING POSITION & RESPONSIBILITIES		
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DATE (MONTH AND YEAR)	FROM	TO
NAME OF EMPLOYER	SUPERVISOR'S NAME	
ADDRESS OF EMPLOYER	PHONE NUMBER (     )	
STARTING SALARY	ENDING SALARY	
STARTING POSITION & RESPONSIBILITIES		
ENDING POSITION & RESPONSIBILITIES		
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DATE (MONTH AND YEAR)	FROM	TO
NAME OF EMPLOYER	SUPERVISOR'S NAME	
ADDRESS OF EMPLOYER	PHONE NUMBER (     )	
STARTING SALARY	ENDING SALARY	
STARTING POSITION & RESPONSIBILITIES		
ENDING POSITION & RESPONSIBILITIES		
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DATE (MONTH AND YEAR)	FROM	TO
NAME OF EMPLOYER	SUPERVISOR'S NAME	
ADDRESS OF EMPLOYER	PHONE NUMBER (     )	
STARTING SALARY	ENDING SALARY	
STARTING POSITION & RESPONSIBILITIES		
ENDING POSITION & RESPONSIBILITIES		
REASON FOR LEAVING		
MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? YES <input type="checkbox"/> NO <input type="checkbox"/>		

**REFERENCES** (GIVE BELOW THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	RELATIONSHIP TO YOU
ADDRESS	PHONE NUMBER (    )
BUSINESS	YEARS KNOWN
NAME	RELATIONSHIP TO YOU
ADDRESS	PHONE NUMBER (    )
BUSINESS	YEARS KNOWN
NAME	RELATIONSHIP TO YOU
ADDRESS	PHONE NUMBER (    )
BUSINESS	YEARS KNOWN

**EDUCATION/SKILLS/MILITARY**

HIGH SCHOOL, NAME AND LOCATION	
YEARS ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
SUBJECTS STUDIED	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL - NAME AND LOCATION OF SCHOOL	
YEARS ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
SUBJECTS STUDIED	
COLLEGE OR UNIVERSITY - NAME AND LOCATION OF SCHOOL	
YEARS ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
SUBJECTS STUDIED	
TRAINING/SKILLS/ETC.	
U.S. MILITARY OR NAVAL SERVICE	RANK

**AUTHORIZATION**

"I certify that the facts contained 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 contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE	SIGNATURE
INTERVIEWED BY	DATE

**APPLICANT, DO NOT WRITE BELOW THIS LINE**

REMARKS	
NEATNESS	CHARACTER
PERSONALITY	ABILITY
HIRED	POSITION
START DATE	SALARY/WAGES