


**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	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> SEASONAL
DATE YOU CAN START	NUMBER OF HOURS YOU WOULD LIKE TO WORK
SALARY DESIRED	
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHERE?	WHEN?

ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NOT, DO YOU HAVE WORK PAPERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU KNOW ANYONE WHO IS OR WAS EMPLOYED BY CABIN COFFEE CO.? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHO?

FORMER EMPLOYERS (LIST BELOW 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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

WHICH STORE LOCATION ARE YOU APPLYING?

IS THERE ANY WORK YOU ARE UNABLE OR UNWILLING TO PERFORM?
 YES NO

IF HIRED AT CABIN COFFEE COMPANY, ARE YOU PREPARED TO PROVIDE YOUR MEDICAL HISTORY AND TAKE A PHYSICAL EXAM, INCLUDING A DRUG AND ALCOHOL SCREENING?
 YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (CONVICTIONS WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT)
 YES NO

WHY DO YOU WANT TO WORK FOR CABIN COFFEE?

ARE YOU A COFFEE DRINKER?
 YES NO

WHAT IS YOUR FAVORITE COFFEE DRINK?

DO YOU HAVE TRANSPORTATION?
 YES NO

EDUCATION HISTORY

HIGH SCHOOL		NAME & LOCATION OF SCHOOL
YEARS ATTENDED	DID YOU GRADUATE?	
SUBJECTS STUDIED		
COLLEGE		NAME & LOCATION OF SCHOOL
YEARS ATTENDED	DID YOU GRADUATE?	
SUBJECTS STUDIED		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		NAME & LOCATION OF SCHOOL
YEARS ATTENDED	DID YOU GRADUATE?	
SUBJECTS STUDIED		

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
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 _____

————— **DO NOT WRITE BELOW THIS LINE** —————

REMARKS

NEATNESS	CHARACTER
PERSONALITY	ABILITY
HIRED	POSITION
START DATE	SALARY WAGES