

# RED LEAF COFFEE EMPLOYMENT APPLICATION

Today's Date:

Person Receiving Application:



## APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address							Apartment/Unit #				
City				State				ZIP			
Phone				E-mail Address							
Date Available				Desired Salary				1st Time Applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Location and Position Applying for:				Woodland Kelso Longview							
Is this your first time applying?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a felony?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
How did you hear about Red Leaf?											

## EDUCATION

High School				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

## REFERENCES

*Please list three professional references.*

Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							

## AVAILABILITY AS EARLY AS 5:30AM AND AS LATE AS 9PM MAY BE NECESSARY

*Note if your availability will be changing within 6 months*

Monday				Friday							
Tuesday				Saturday							
Wednesday				Sunday							
Thursday				Desired hours/week							
Variances											

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	

**ADDITIONAL INFORMATION / SPOT TO BRAG ABOUT YOURSELF**

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**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date