

## ERIK'S DELICAFE 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:

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

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

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

|    | EMPLOYMENT |  | NAME, ADDRESS & PHONE NO. | PAY | DUTIES | REASON FOR LEAVING |
|----|------------|--|---------------------------|-----|--------|--------------------|
|    | From - To  |  |                           |     |        |                    |
| 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: \_\_\_\_\_

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**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<br>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: \_\_\_\_\_

