



EMPLOYMENT APPLICATION

We are an equal opportunity Employer. All application are considered without regard to race, color, religion, disability, sex national origin, age (for those age 40 or over), or any other basis protected by federal, state, or local law. This employment application is only active for 30 days. After this time period a separate employment application must be submitted in order to be considered for employment.

PERSONAL

PLEASE PRINT CLEARLY

Date _____

First Name _____ Middle _____ Last _____

Street Address _____ Social Security No. _____

City/State/Zip _____ Phone(____) _____

*How did you find out about this job? Newspaper _____ Referral _____ Other _____

*If hired, do you have a reliable means of transportation to get to work? Yes No What is it _____

*Minimum salary expected _____ Are you at least 18 years old? Yes No

*If the job you are applying for requires driving: Driver's License No. _____ State _____
Issued _____ Expiration Date _____

*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 crime, other than a minor traffic violation, in the past 10 years? Yes No
If yes, state the nature of the offense and disposition of the case. Include dates and places.

(NOTE: The existence of a criminal record does not constitute an automatic bar employment.)

EMPLOYMENT DATA

Are you seeking: **Temporary** **Full-time** **Part-time** What position(s) are you applying for? _____

What hours and shift(s) would you prefer to work? _____

What hours and shift(s) would you prefer not to work? _____

Please indicate any shift(s) you would NOT be available to work. _____

Are you willing to work overtime? Yes / No **Weekends?** Yes / No **Holidays?** Yes / No

Are you currently employed? Yes If hired when would you be able to Start? _____

Have you ever worked for this organization before? Yes No If yes, name used: _____

List any friends or relatives employed by this company: _____

Are you on layoff and subject to recall? Yes No

Have you ever been discharged or asked to resign from any position? Yes No

If yes, please describe: _____

How many days have you missed from school or work within the last year other than approved vacation, sick, or disability leave? _____

How many days have you been late to school or work within the last year other than approved vacation, sick or disability leave? _____

Please describe: _____

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? Yes No *Please describe which tasks, if any, you will need and accommodation to perform, and explain what type of accommodation you will need:* _____

EDUCATION DATA (Circle highest level attained)

Elementary: 1 2 3 4 5 6 7 8

Secondary: 9 10 11 12 G.E.D.

College 1 2 3 4 5 6 7 8

Name of School: _____ Name of School: _____ Name of School _____

Location of School _____ Location of School _____ Location of School _____

If currently in high school, are you enrolled in a recognized co-op program? Yes No

Degree & Major: _____

If yes, identify program and school: _____

MILITARY SERVICE

Are you a veteran? Yes No If yes, give dates of service: From _____ To _____ List any special skills or training _____

WORK HISTORY (Please list your last four employers. Begin with the most recent)

1. Company _____ Phone No. with Area Code _____
 Address _____ City/State/Zip _____
 Dates of Employment: From _____ To _____
 Salary: _____ Beginning _____ Ending _____
 Job Title _____ Supervisor's Name and Title _____
 Describe duties briefly _____
 Specific reasons for leaving _____

2. Company _____ Phone No. with Area Code _____
 Address _____ City/State/Zip _____
 Dates of Employment: From _____ To _____
 Salary: _____ Beginning _____ Ending _____
 Job Title _____ Supervisor's Name and Title _____
 Describe duties briefly _____
 Specific reasons for leaving _____

3. Company _____ Phone No. with Area Code _____
 Address _____ City/State/Zip _____
 Dates of Employment: From _____ To _____
 Salary: _____ Beginning _____ Ending _____
 Job Title _____ Supervisor's Name and Title _____
 Describe duties briefly _____
 Specific reasons for leaving _____

May we contact all of the employers listed above? Yes No If not, tell us which one(s) you do not wish us to contact and why. _____

How many jobs have you had in the last five years not listed above? _____

Why are you seeking a new position at this time? _____

List any business related outside interests and organizations you are active in: _____

Boston Coffeehouse® is a Drug Free Workplace. Applicants considered as final candidates for a position will be tested.

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug/alcohol test required of me, whether prior to my employment or if employed by this company at any time thereafter. I understand and expressly agree that if employed by the company, storage areas provided for me (locker, desk, etc.) are open to investigation or search by the company without prior notice to me. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing. I have read and understand the above.

Application's Signature _____ Date _____

Check over the foregoing application, making sure it is complete and signed.

NOTE: THIS SECTION TO BE FILLED OUT BY STORE MANAGERS ONLY

DATE 1ST INTERVIEW _____ / 2nd INTERVIEW _____ HIRED -NOT HIRED EXPLAIN _____
 STARTING DATE: _____ POSITION _____ LOCATION _____
 TRAINING RATE _____ PAY RATE _____ WITHOLDING STATUS _____
 MANAGERS SIGNATURE _____ DATE _____

NOTE: THIS SECTION TO BE FILLED OUT BY HUMAN RESOURCE DEPARTMENT ONLY

EMPLOYEE # _____ DATE TERMINATED _____ DATE RESIGNED _____