



Queen Mary Tea Employment Application

Personal Information

Employment Desired

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Birthday (mm/dd/year): _____

Are you authorized to be employed in the U.S.? Yes No

Have you ever applied here before? Yes No

Do you know anyone who has worked here? Yes No

If yes, who? _____

Position: Sales Waitstaff Kitchen

Applying for: Full-time Part-time Temporary

Available employment date: _____

Wage/Salary requirements: _____

List the times available:

Mon: _____

Tues: _____

Wed: _____

Thurs: _____

Sat: _____

Sun: _____

Education

High School or GED

Name: _____

City & State: _____

Current Some Graduated

Degree: _____

College or Other
Higher Education

Name: _____

City & State: _____

Current Some Graduated

Degree: _____

Job Experience

Please list your last three employers beginning with the most recent

Are you currently employed? Yes No May we contact your employer(s) for a reference? Yes No

Current/Most Recent Employer: _____ Position: _____

Address: _____ Full-time Part-time Temporary

Supervisor Name: _____ Phone Number: _____ Email: _____

Reason for Leaving: _____ Start Date: _____ End Date: _____

Specific Duties: _____

Employer: _____ Position: _____

Address: _____ Full-time Part-time Temporary

Supervisor Name: _____ Phone Number: _____ Email: _____

Reason for Leaving: _____ Start Date: _____ End Date: _____

Specific Duties: _____

Employer: _____ Position: _____

Address: _____ Full-time Part-time Temporary

Supervisor Name: _____ Phone Number: _____ Email: _____

Reason for Leaving: _____ Start Date: _____ End Date: _____

Specific Duties: _____

Questions

How did you learn of this job position? _____

Why do you want to work for Queen Mary Tea? _____

Describe your personality. _____

What's your favorite tea? _____

Why do you think you would be a good fit at Queen Mary Tea? _____

How far do you live from Queen Mary Tea? What is your mode of transportation? _____

Queen Mary Tea is a strictly drug-free and non-smoking environment. Can you abide by that? _____

Personal References

Please list the names of two people whom you have known for at least one year - do not include relatives

Name: _____

Phone Number: _____

Email: _____

Relationship: _____

Name: _____

Phone Number: _____

Email: _____

Relationship: _____

Signature of Applicant _____ Date _____