



## **Carmen's Coffee Company, Inc.**

### **EMPLOYMENT APPLICATION**

Carmen's Coffee Company, Inc. does not unlawfully discriminate on the basis of race, color, creed, religion, gender (including pregnancy, childbirth, breastfeeding, or related medical conditions), national origin, ancestry, age, physical or mental disability, medical condition including genetic characteristics, or any information based on genetic background, family-care status, military and veteran status, citizenship status, immigration status, primary language, marital status, or sexual orientation, gender identity, or gender expression where a person's gender-related appearance and behavior may not be stereotypically associated with the person's assigned sex at birth, or any other consideration made unlawful by federal, state, or local laws. This prohibition also includes a perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics. Additionally, the Company does not discriminate against any employee who is an officer, warrant officer, or enlisted member of the military or naval forces of the state or of the United States because of that membership. Carmen's Coffee Company, Inc. also makes reasonable accommodations for disabled employees and employees with sincerely held religious beliefs. All employment at Carmen's Coffee Company, Inc. is "at will", meaning that future employment between you and Carmen's Coffee Company, Inc. can be terminated at any time, with or without advance notice, and with or without cause.

All applications should be submitted:

Via email: [elisa@carmenscoffee.com](mailto:elisa@carmenscoffee.com) or

In person: Wednesday-Friday 2:00-4:00PM

PLEASE PRINT ALL INFORMATION  
REQUESTED EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-4.

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_  
Number Street City State Zip

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

Days/hours available to work:

No Pref: \_\_\_\_\_ Thur: \_\_\_\_\_

Mon: \_\_\_\_\_ Fri: \_\_\_\_\_

Tues: \_\_\_\_\_ Sat: \_\_\_\_\_

Wed: \_\_\_\_\_ Sun: \_\_\_\_\_

Position Applied for (1) \_\_\_\_\_

And salary desired (2) \_\_\_\_\_

(Be specific)

How many hours can you work weekly? \_\_\_\_\_

Can you work nights? \_\_\_\_\_

I acknowledge that I may be required to work overtime as assigned

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When are you available to start work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?	MAJOR & DEGREE
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO (If No, # of Years Completed _____)	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO (If No, # of Years Completed _____)	
Bus. or Trade School			<input type="checkbox"/> YES <input type="checkbox"/> NO (If No, # of Years Completed _____)	
Other			<input type="checkbox"/> YES <input type="checkbox"/> NO (If No, # of Years Completed _____)	

HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER A DIFFERENT NAME?  Yes  No

If yes, please provide that name: \_\_\_\_\_

ARE YOU UNDER 18 YEARS OLD?  Yes  No

If yes, please attach a copy of your work permit.

IF YOU WERE OFFERED A POSITION, DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?

Yes  No

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### APPLICATION FOR EMPLOYMENT

**WORK EXPERIENCE:** Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer: Address: City, State, Zip Code: Phone Number: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Phone # of Last Supervisor	Employment Dates
	Name: Phone Number:	From: To:
	Your last job title:	
Reason for leaving (be specific):		
List job duties, skills used or learned, advancements or promotions while you worked at this company:		

Name of Employer: Address: City, State, Zip Code: Phone Number: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Phone # of Last Supervisor	Employment Dates
	Name: Phone Number:	From: To:
	Your last job title:	
Reason for leaving (be specific):		
List job duties, skills used or learned, advancements or promotions while you worked at this company:		

Name of Employer: Address: City, State, Zip Code: Phone Number: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Phone # of Last Supervisor	Employment Dates
	Name: Phone Number:	From: To:
	Your last job title:	
Reason for leaving (be specific):		
List job duties, skills used or learned, advancements or promotions while you worked at this company:		

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 accommodation to perform, and explain what type of accommodation you will need below:

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EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

Do you have a reliable means of transportation to work?  Yes  No

FOR JOBS WHERE DRIVING IS A REQUIREMENT, you will be required to provide a valid driver's license and proof of automobile insurance.

Will you be able to provide both?  Yes  No

Please list at least three individuals qualified to give an opinion of your professional work ability and work experience. Two out of three should be previous supervisors.

Name	Relationship	Employer	Phone Number

Did you complete this application yourself  Yes  No If not, who did? \_\_\_\_\_

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

Note: It is the practice of Carmen's Coffee Company, Inc. to maintain a safe, and efficient working environment. As part of this practice, we conduct drug testing, background and reference checks. In addition, if hired, you must furnish proof of your authorization to work in the United States as specified under applicable U.S. Immigration Laws. One of these documents must be photo identification. If you are employed by Carmen's Coffee Company, Inc. you understand and agree that your employment is on an "at will" basis and may be terminated with or without cause, with or without notice at any time, at the option of either Carmen's Coffee Company, Inc. or yourself. You understand that as a condition of employment all applicants will be asked to sign a confidentiality, non-disclosure agreement. Failure to sign or abide by such agreements may result in dismissal.

- Initial (1) I certify that the answers I have given to the foregoing questions and statements are true and correct, under penalty of perjury of the laws of my state and federal law, and I authorize Carmen's Coffee Company, Inc. to verify them.
- Initial (2) If I obtain employment resulting from this application, I agree to comply with all orders, rules, and regulations of the Company.
- Initial (3) I authorize Carmen's Coffee Company, Inc. to conduct reference checks from my former employers and authorize all educational institutions to give transcripts of my records and grades. I release them and their organizations from all liability for any damage whatsoever for issuing same.
- Initial (4) If hired, a copy of my most recent payroll check stub and evidence of my highest education degree may be required prior to start date.
- Initial (5) If upon investigation, anything in this application is found to be untrue, I understand that I will be subject to dismissal at any time during the period of my employment.

I have read, acknowledge, understand, and agree to the above.

SIGN AND DATE HERE: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date