



# Application For Employment

Please completely fill out this application. Incomplete applications may disqualify you from consideration for employment.

## General Information

NAME: \_\_\_\_\_ DATE \_\_\_\_\_  
*Last First Middle Initial*

ADDRESS: \_\_\_\_\_  
*Street City State Zip*

HOME #: \_\_\_\_\_ MOBILE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
*Name Address Phone Relationship*

HAVE YOU EVER BEEN EMPLOYED BY **SUN VALLEY CAFE** BEFORE?  YES  NO  
IF YES, NAME DATE AND LOCATION EMPLOYED \_\_\_\_\_

SOME OF OUR POSITIONS REQUIRE THAT YOU BE 18 OR OLDER. IF HIRED FOR ONE OF THESE POSITIONS CAN YOU SHOW PROOF OF AGE?  YES  NO

ARE YOU AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS?  YES  NO

ARE YOU ELIGIBLE TO RECEIVE ANY AND ALL LICENSES/PERMIT REQUIRED BY LAW TO PERFORM THE POSITION(S) FOR WHICH YOU ARE APPLYING?  YES  NO

DO YOU HAVE A VALID DRIVERS LICENSE?  YES  NO STATE \_\_\_\_\_ DL# \_\_\_\_\_

IN THE LAST SEVEN YEARS HAVE YOU BEEN CONVICTED OF OR ON PROBATION FOR OFFENSES INVOLVING THE SALE OF DRUGS OR IN ANY MANNER REFLECTING ON YOUR HONESTY, INTEGRITY OR PROPENSITY FOR VIOLENCE?

YES  NO  
IF YES, PLEASE DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN TERMINATED FROM A JOB?  YES  NO  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

## Position

ARE YOU SEEKING:  FULL TIME  PART TIME  TEMPORARY

WHAT POSITION ARE YOU SEEKING: \_\_\_\_\_

AVAILABLE TO BEGIN WORK:  IMMEDIATELY  OTHER DATE: \_\_\_\_\_

ARE YOU WILLING TO WORK OVERTIME IF NEEDED?  YES  NO

CIRCLE DAYS / SHIFTS YOU ARE AVAILABLE TO WORK:

Mon AM    Tue AM    Wed AM    Thurs AM    Fri AM    Sat AM    Sun AM  
Mon PM    Tue PM    Wed PM    Thurs PM    Fri PM    Sat PM    Sun PM

# Education

School Level	Name & Location of School	Major	Status	
			No. of yrs Attended?	Did you Graduate?
High School				
College				
Trade/Corresp. School				

## LIST ANY SPECIAL TRAINING RECEIVED THAT MIGHT BE RELEVANT TO THIS POSITION

SPECIAL TRAINING	TO	FROM (MO/YR)	SUBJECT	CERTIFICATE

## LIST ANY OTHER SPECIAL SKILLS, CERTIFICATES OR LICENSES YOU POSSESS WHICH ARE RELEVANT

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# Employment History & Experience (list below your last four employers, beginning with the most recent employer)

**IMPORTANT: THIS SECTION MUST BE COMPLETED IN DETAIL. YOU MAY ATTACH YOUR RESUME IF YOU WISH, BUT REFERENCE TO A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS SECTION.**

EMPLOYER	ADDRESS & TELEPHONE	JOB TITLE	FROM	TO
IMMEDIATE SUPERVISOR	JOB DUTIES	SALARY	MO/YR	MO/YR
		STARTING		LAST
			REASON FOR LEAVING	

MAY WE CONTACT THIS EMPLOYER?  NO  YES

EMPLOYER	ADDRESS & TELEPHONE	JOB TITLE	FROM	TO
IMMEDIATE SUPERVISOR	JOB DUTIES	SALARY	MO/YR	MO/YR
		STARTING		LAST
			REASON FOR LEAVING	

MAY WE CONTACT THIS EMPLOYER?  NO  YES

EMPLOYER	ADDRESS & TELEPHONE	JOB TITLE	FROM MO/YR	TO MO/YR
IMMEDIATE SUPERVISOR	JOB DUTIES	SALARY	REASON FOR LEAVING	
		STARTING	LAST	

MAY WE CONTACT THIS EMPLOYER?  NO  YES

EMPLOYER	ADDRESS & TELEPHONE	JOB TITLE	FROM MO/YR	TO MO/YR
IMMEDIATE SUPERVISOR	JOB DUTIES	SALARY	REASON FOR LEAVING	
		STARTING	LAST	

MAY WE CONTACT THIS EMPLOYER?  NO  YES

**References (include only individuals familiar with your work ability – do not include relatives)**

Name	Phone	Name of Business/ Address	Years Known/ Relationship

**OUR COMPANY WILL NOT ENGAGE IN ANY EMPLOYMENT PRACTICES WHICH DISCRIMINATE AGAINST EMPLOYMENT APPLICANTS BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR DISABILITY.**

**Certification & Authorization**

*Please read carefully before signing.*

*I certify that the answers given herein are true and complete to my knowledge. I authorize the company and/or its agents, including consumer reporting bureaus, to investigate all statements contained in this application, as may be necessary in arriving at an employment decision (including to, but not limited to, criminal history and motor vehicle driving records). I release the company and/or its agents from any liability which might arise from such investigation.*

*I understand that this application is not a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in termination. I also understand that the use of illegal drugs or alcohol on the job is prohibited during employment. In the event that I am employed, I agree to abide by all policies and procedures of this company.*

Signature of Applicant	Date
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This information must be kept on file for one year. This application will remain in our active files for 30 days.