



DATE _____

PERSONAL INFORMATION

PLEASE FILL IN ALL LINES

Please print First Middle Last Social Security Number

NAME

Number & Street Apt# City State Zip Code

ADDRESS

AGE: check one Under 18 Home Telephone Number Work Telephone Number Have you ever worked for Roasters ?
 Over 18 (give age) () - () - Yes No

Position(s) Hours Wage Date
 Desired Desired Requirements Available

Are you presently attending school ? Yes No If yes, where & when ?

MEDICAL INFORMATION

Do you have, or have you ever had any of the following? Foot Trouble? Back Trouble? Heart Trouble? Ulcer? Diabetes? Nervous Disorder?
 Yes No Yes No Yes No Yes No Yes No Yes No

Hepatitis ? Drug Addiction? If you answered yes to any of these please give brief explanation
 Yes No Yes No

Have you ever received "WORKER'S COMPENSATION?" Injury Date & Type Presently receiving
 Yes No If yes please give the following information treatment? Yes No

Other physical ailments or limitations?

EDUCATION

Name & Location	Circle Last Year Completed	From	To	Major
High School	4 3 2 1 Degree ? Yes No			
University or College	4 3 2 1 Degree ? Type			
Other	4 3 2 1 Degree ? Type			

EMPLOYMENT HISTORY

Start with your most recent employment

Company & Address	Supervisor & Telephone	Position	Salary	From/To	Reason for Leaving

UNITED STATES	Branch	Rank	From	To	Occupational Status
MILITARY SERVICE					

HAVE YOU EVER BEEN CONVICTED OF A FELONY ?

Yes No If yes, please give an explanation

In consideration of employment, I agree to conform to the rules of _____ and I recognize that my employment is at will and can be terminated at any time, at the option of any supervisor. Giving false or incomplete information on this application may be grounds for dismissal.

I certify that all the information on this application is accurate and complete. In accepting employment, I understand that that I will be on probation for 90 days.

SIGNATURE