



EMPLOYMENT APPLICATION

2802 West Northern Lights Blvd
Anchorage, Alaska 99517
PH 907.000.0000

PERSONAL INFORMATION

Last Name		First	Middle	Date of Application
Street Address				Home Phone ()
City, State, Zip				How Long at Present Address?
Have you previously been employed with The Rustic Goat or Kaladi Brothers Coffee? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date(s)				Social Security Number Last Four XXX-XX-
Department Have you previously applied to work for The Rustic Goat or Kaladi Brothers Coffee? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date(s)				Drivers License No. (If applicable)
Department Position Applying For				Date available for work
Wages expected				
Number of shifts per week desired?		I can work <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Holidays		I can work <input type="checkbox"/> Lunches <input type="checkbox"/> Dinners
Are you legally able to perform the job for which you are applying? (You must be 21 years old to serve alcoholic beverages in the state of Alaska)			<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION AND TRAINING

School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Diploma or degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any other education, training, special skills or certificates/licenses that you possess:

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, creed, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, and any other legally protected status. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

WORK EXPERIENCE

List present and former employers beginning with the most recent

Company Name	Type of Business	Phone No. ()
Address	Employed (Month and Year) From To	
Name and Title of Supervisor	May we contact?	Employed
State last job title and describe your work:	Wages Starting:	Wages Ending:
Reason for Leaving:		

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Address	Employed (Month and Year) From To	
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State last job title and describe your work:	Wages Starting:	Wages Ending:
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State last job title and describe your work:	Wages Starting:	Wages Ending:
Reason for Leaving:		

APPLICANT'S CERTIFICATION

Please read carefully before signing

<p>I certify that, to the best of my knowledge and belief, the answers given by me to the forgoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of the facts in this application may result in my discharge.</p> <p>I authorize you to communicate with those employers I designated, school officials and persons named as references concerning my skills, character, and responsibility.</p> <p>If employed, I understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract but is at-will.</p>	
Applicant's Signature	Date