

OLD CALIFORNIA COFFEE HOUSE & EATERY

APPLICATION FOR EMPLOYMENT - EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT THIS APPLICATION AND SUBMIT IN PERSON TO
1080 SAN MARCOS BLVD #176, SAN MARCOS CA 92078 - IN RESTAURANT ROW

PERSONAL INFORMATION

NAME:	SOCIAL SECURITY #:
ADDRESS:	
CITY:	STATE/ZIP:
PHONE #:	ALTERNATE PHONE#:
EMERGENCY CONTACT (NAME & PHONE #):	

EDUCATION

HIGH SCHOOL:	CITY & STATE:
YEARS COMPLETED:	DID YOU GRADUATE?
COLLEGE:	CITY & STATE:
YEARS COMPLETED:	DID YOU GRADUATE?
SUBJECTS STUDIED:	

SPECIAL SKILLS

DESCRIBE ANY SPECIAL SKILLS YOU HAVE THAT WOULD HELP YOU PERFORM THE JOB FOR THE POSITION YOU HAVE APPLIED:

PREVIOUS EMPLOYMENT

(LIST AT LEAST THREE MOST RECENT & ANY OTHERS THAT DIRECTLY RELATE TO THE POSITION YOU HAVE APPLIED FOR)

NAME:	CITY & STATE:
POSITION:	DATES EMPLOYED:
PHONE #:	MAY WE CONTACT THIS EMPLOYER:
SALARY:	MANAGER NAME:
REASON FOR LEAVING:	

NAME:	CITY & STATE:
POSITION:	DATES EMPLOYED:
PHONE #:	MAY WE CONTACT THIS EMPLOYER:
SALARY:	MANAGER NAME:
REASON FOR LEAVING:	

PREVIOUS EMPLOYMENT CONTINUED

NAME:	CITY & STATE:
POSITION:	DATES EMPLOYED:
PHONE #:	MAY WE CONTACT THIS EMPLOYER:
SALARY:	MANAGER NAME:
REASON FOR LEAVING:	

NAME:	CITY & STATE:
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POSITION:	DATES EMPLOYED:
PHONE #:	MAY WE CONTACT THIS EMPLOYER:
SALARY:	MANAGER NAME:
REASON FOR LEAVING:	

NAME:	CITY & STATE:
POSITION:	DATES EMPLOYED:
PHONE #:	MAY WE CONTACT THIS EMPLOYER:
SALARY:	MANAGER NAME:
REASON FOR LEAVING:	

AVAILABILITY: LIST HOURS YOU ARE AVAILABLE	
DATE AVAILABLE:	DESIRED NUMBER OF SHIFTS:
HOURS OF OPERATION:	
START DAILY AT 6:30AM SUN - THUR TO 10 PM FRI & SAT TO 12 AM	
MONDAY:	FRIDAY:
TUESDAY:	SATURDAY:
WEDNESDAY:	SUNDAY:
THURSDAY:	

REFERENCES:	
NAME:	RELATIONSHIP:
PHONE #:	YEARS KNOWN:
NAME:	RELATIONSHIP:
PHONE #:	YEARS KNOWN:
NAME:	RELATIONSHIP:
PHONE #:	YEARS KNOWN:

Authorization
 "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
 I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for an damage that may result from utilization of such information.
 This waiver does no permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws"

SIGNATURE:	DATE:
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