



APPLICATION FOR EMPLOYMENT

In order for you to be considered for employment, this application must be filled out COMPLETELY. Please write "N/A" if information is not applicable. Résumés, though welcome, should not be submitted in place of the information requested below.

Please be aware we are a SMOKE FREE AND DRUG FREE workplace.

First Name	Middle Initial	Last Name	Social Security or Other ID Number	Today's Date
Current Address:	Street/P.O. Box	Apt. #	City	State ZIP
Permanent Address:	Street/P.O. Box	Apt. #	City	State ZIP
Day Phone No.	Evening Phone No.	Alternate Phone No. (<input type="radio"/> Pager <input type="radio"/> Cell <input type="radio"/> Other _____)		
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For which position are you applying?			Date you are available for employment:	
What is the minimum amount of money you need to make?			\$ _____/hour	\$ _____/week

1. If hired, can you submit for examination and copying documents required to prove your identity and legal eligibility to work in the United States? (A complete list of these documents is available upon request.) Yes No

2. Are you of legal age to work in this state? Yes No

3. Are you at least 18 years old? Yes No

4. If hired, can you submit proof of age?..... Yes No

5. Have you been convicted of a felony that has not been annulled, expunged, or sealed by the court? Yes No

**Conviction will not necessarily disqualify an applicant from employment, but will be considered in the context of the entire application and position(s) applied for.
**California residents only: You may exclude any marijuana related convictions over two years old.*

***Massachusetts residents only: An applicant for employment who has a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.*

6. We do not tolerate smoking or drug use by employees. Are you willing to comply? Yes No

7. How many jobs have you held in the last two years? 0 1 2 3 4 or more

8. Have you ever been terminated from a job? Yes No
If yes, how many jobs have you been terminated from? 1 2 3 4 or more

9. You want to work: Part-time (_____ hours per week) Full-time (_____ hours per week)

10. Do you presently have a job that you intend to keep? Yes No

11. In the table below, please indicate the days you **CAN** work. **List the earliest and latest times you CAN work.**

Please account for travel time to and from other obligations (e.g., sports, classes, meetings, etc.). Being on time for a shift is mandatory.

	MON	TUES	WED	THURS	FRI	SAT	SUN
Earliest time in							
Latest time out							

12. Do you have a reliable means of transportation to and from work for the days and times you are available? ... Yes No

13. Are you available to work holidays and weekends? Yes No

14. We may conduct training on days, or at times, you have other obligations. Is your schedule flexible so you may come to training?..... Yes No

15. Are you, or do you plan to be, in school or taking courses at any time while working here? Yes No

16. What commitments do you have, or do you anticipate, that may affect your schedule? _____

(You may omit any information indicating legally protected characteristics such as age, disability, marital status, national origin, race, religion, or gender.)

17. Education

	Name and Location of School	Dates Attended	Last Year Completed	Major/Specialty	Degree Received
High School		(Please leave blank.)	Grade 9 10 11 12	(Please leave blank.)	
College/ Other		From _____ / _____ Month Year			
		To _____ / _____ Month Year			

18. Work History (List your last 3 jobs.)

	Current or Most Recent Job	Previous Job	Previous Job
Company Name			
Address			
Position			
Job Duties (please describe)			
Did you handle cash?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name and Title of Immediate Supervisor			
Phone Number of Immediate Supervisor			
Dates of Employment	____/____/____ to ____/____/____ Month Year Month Year	____/____/____ to ____/____/____ Month Year Month Year	____/____/____ to ____/____/____ Month Year Month Year
Usual number of Hours Worked per Week			
Reason for Leaving			
Weekly Earnings	\$____ Starting \$____ Ending	\$____ Starting \$____ Ending	\$____ Starting \$____ Ending
May we contact your employer?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

19. Do you agree to keep the information provided by you in this application updated and accurate at all times while this application is active? Yes No

20. Do you agree, if you are employed, that you will not bring into any Company facilities confidential information of any third parties that relates in any way to the business of the Company and will enter into an agreement with the Company to keep confidential the Company's confidential information and not disclose third party confidential information? Yes No

21. Personal References (other than immediate family):

Name	Phone Number	Number of Years Known	Relationship

22. Have you read a job description for the position of interest?..... Yes No
Do you understand the job requirements? Yes No

23. Can you perform the essential functions required by the job for which you are applying either *with or without* reasonable accommodations? Yes No

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I certify that the answers given herein are true and correct to the best of my knowledge, and I authorize investigation of all statements contained in this application, with exception of contacting my present employer if I have so requested. I have read, understand and agree to the above statement. (Please initial here) _____

I understand that my continued employment will depend upon the successful completion of work assigned to me during a new hire period of up to ninety (90) days and upon my continue successful performance. I have read, understand and agree to the above statement. (Please initial here) _____

While this application will be retained on file for a period of one year (as required by law), I acknowledge that this application will be considered active for a period of thirty (30) days. At that time, I must submit a new application to be considered for any employment openings. I have read, understand and agree to the above statement. (Please initial here) _____

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with Calistoga Bakery Cafe of SW Florida, Inc. ("the Company"), any employment relationship with the Company is considered "employment at will," which means the employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically executed by the President/CEO of Calistoga Bakery Cafe of SW Florida, Inc. I have read, understand and agree to the above statement. (Please initial here) _____

If I should be employed by the Company, I understand that any false, incomplete, or misleading information given on this application or during an interview shall result in immediate discharge. I have read, understand and agree to the above statement. (Please initial here) _____

I authorize an inquiry into my background by all persons, schools, companies, credit bureaus, law enforcement agencies, doctors and other consumer reporting agencies to supply information concerning my previous employment, education, credit, driving record, etc. I have read, understand and agree to the above statement. (Please initial here) _____

I authorize the references listed above to give representatives of Calistoga Bakery Cafe of SW Florida, Inc. any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from any and all liability from any damage that may result. I have read, understand and agree to the above statement. (Please initial here) _____

Calistoga Bakery Cafe of SW Florida, Inc. is an Equal Opportunity Employer. Calistoga Bakery Cafe of SW Florida, Inc. does not discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

WE ARE COMMITTED TO MAINTAINING A SMOKE FREE AND DRUG FREE WORKPLACE.

SIGNATURE: _____ DATE: _____

I UNDERSTAND THAT MY APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS FROM THE DATE RECEIVED. THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER.