

1789 Central, Suite 2  
Los Alamos, NM 87544  
505-662-9866



*BAGEL CAFE* Application for Employment

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**ABOUT YOU**

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Today's Date: \_\_\_\_\_

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have reliable transportation to meet any scheduled shift? \_\_\_\_\_

Can you read at a 6th grade level? \_\_\_\_\_ Have you been convicted of a felony? \_\_\_\_\_ If yes, give details on last page.

Have you ever worked for us before? \_\_\_\_\_ If so, under what name? \_\_\_\_\_

Do you have any friends or relatives working for us? \_\_\_\_\_

Who? \_\_\_\_\_

Can you provide proof that you are over 16 years old? \_\_\_\_\_ ...over 18 years old? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ License No. \_\_\_\_\_

Have you had any accidents or moving violations in the past three years? \_\_\_\_\_ If yes, please provide details on last page.

Do you have a legal right to work in the U.S.? \_\_\_\_\_ Can you provide documentation of your legal right to work? \_\_\_\_\_

Is there any reason why you could not perform all physical aspects of this job (**including the ability to lift up to 50 lbs.**)? \_\_\_\_\_  
If yes, please provide details on last page.

Is additional information concerning change of name necessary to check work or education records? \_\_\_\_\_  
If yes, explain. (continue on last page if necessary)

Describe your use of drugs and alcohol: (continue on last page if necessary)

Describe any activities you enjoy or clubs/associations you participate in:

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# ABOUT THE JOB

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For what position are you applying? \_\_\_\_\_

Salary Requirement: \$\_\_\_\_\_ per \_\_\_\_\_

Why are you applying for this particular Position?

Would you accept another position? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Which do you prefer? full time work part time work. If part time, about how many hours per week? \_\_\_\_\_

Which will you accept? full time work part time work

If requesting **FULL TIME** work , when could you start working for us? \_\_\_\_\_

When are you available to work for us **full time**?

<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
morning	morning	morning	morning	morning	morning	morning
afternoon	afternoon	afternoon	afternoon	afternoon	afternoon	afternoon
evening	evening	evening	evening	evening	evening	evening
can work anytime	can work anytime	can work anytime	can work anytime	can work anytime	can work anytime	can work anytime

If requesting **PART TIME** work , when could you start working for us? \_\_\_\_\_

When are you available to work for us **part time**?

<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
morning	morning	morning	morning	morning	morning	morning
afternoon	afternoon	afternoon	afternoon	afternoon	afternoon	afternoon
evening	evening	evening	evening	evening	evening	evening
can work anytime	can work anytime	can work anytime	can work anytime	can work anytime	can work anytime	can work anytime

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# ABOUT YOUR WORK EXPERIENCE

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(PLEASE START WITH YOUR MOST RECENT POSITION)

Resume Attached? YES NO

COMPANY \_\_\_\_\_ Mo/Yr Hired \_\_\_\_\_ Mo/Yr Left \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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No. Supervised: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Position \_\_\_\_\_  
Phone \_\_\_\_\_

Superior's Name \_\_\_\_\_ Position \_\_\_\_\_  
Phone \_\_\_\_\_

Co-worker's Name \_\_\_\_\_ Position \_\_\_\_\_  
Phone \_\_\_\_\_

Subordinate's Name \_\_\_\_\_ Position \_\_\_\_\_  
Phone \_\_\_\_\_

Major Responsibilities and Accomplishments:

COMPANY \_\_\_\_\_ Mo/Yr Hired \_\_\_\_\_ Mo/Yr Left \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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No. Supervised: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Position \_\_\_\_\_  
Phone \_\_\_\_\_

Co-worker's Name \_\_\_\_\_ Position \_\_\_\_\_  
Phone \_\_\_\_\_

Subordinate's Name \_\_\_\_\_ Position \_\_\_\_\_  
Phone \_\_\_\_\_

Major Responsibilities and Accomplishments:

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## MORE ABOUT YOUR WORK EXPERIENCE

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COMPANY \_\_\_\_\_ Mo/Yr Hired \_\_\_\_\_ Mo/Yr Left \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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No. Supervised: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Position \_\_\_\_\_  
Phone \_\_\_\_\_

Co-worker's Name \_\_\_\_\_ Position \_\_\_\_\_  
Phone \_\_\_\_\_

Subordinate's Name \_\_\_\_\_ Position \_\_\_\_\_  
Phone \_\_\_\_\_

Major Responsibilities and Accomplishments:

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## ABOUT YOUR EDUCATION

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HIGH SCHOOL \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated? \_\_\_\_\_

No. Yrs. Completed \_\_\_\_\_ Major \_\_\_\_\_ Verification Phone (\_\_\_\_) \_\_\_\_\_

COLLEGE \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree \_\_\_\_\_

No. Yrs. Completed \_\_\_\_\_ Major \_\_\_\_\_ Verification Phone (\_\_\_\_) \_\_\_\_\_

GRAD SCHOOL \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree \_\_\_\_\_

No. Yrs. Completed \_\_\_\_\_ Major \_\_\_\_\_ Verification Phone (\_\_\_\_) \_\_\_\_\_

Extracurricular activities:

Other training programs completed:

Professional memberships and certifications:

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## OTHER COMMENTS

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Why would you be a good choice for this position?

I certify the information above is complete and accurate to the best of my knowledge. I authorize the individuals, companies and agencies concerned to provide this company and its agents with all information necessary to verify the statements I have made in this application and I release them from any liability for so doing. I understand I must receive satisfactory references from previous employers, co-workers and subordinates (if any) before an offer of employment can be made. I understand that incomplete or unsigned applications will not be considered and that false, incomplete or misleading statements are grounds for my immediate discharge. I understand that any offer of employment is contingent upon my passing a prescribed physical examination, proving my identity and documenting my right to work. I understand these policies cannot be changed except in writing.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_