## Valley Cafe Employment Application POSITION APPLIED FOR: APPLICANT TELEPHONE: SOCIAL SECURITY NUMBER:

APPLICANT TELEPHONE:
APPLICANT TELEPHONE.
COOLAL GEOLIDITA ANUMBED

YOUR NAME:	• •				
Last	First	:		Middle	)
ADDRESS:		ARE YOU LE		LE FOR EMPLOYME (If yes, verification wil	l be required.)
		-		ENT POSITION:	Yes No
14/14/1				OB I AM ABLE TO:	
Are you able to perform the essentia of the position with or without accom	I functions modations? No	,	which shifts)? vertime?		
IF NECESSARY FOR THE JOB, ARE YOU I WILL BE ABLE TO REPORT TO WORK				18 19 21_	_
EDUCATION: High School			Yrs. Completed	Field of Study	Graduate or Degree
College/University					
Business/Technical					
Other (May include grammer school)					
Duty/Specialized Training:  REFERENCES: List two personal reference					
Name	Address	fele	phone	Occupation	Years known
Name	Address	Tele	phone	Occupation	Years known
	first. Include summer or tempora ere, in the summary (following th				
Employer Name and Address	Position Title/Duties Skills				Dates Employed from to  Reason for leaving
	Supervisor's Name:		Telepho	ne:	
Employer Name and Address	Position Title/Duties Skills		·		Dates Employed
	- CORROLL FREE CORRES	,			from to
					Reason for leaving
	Supervisor's Name:		Telepho	ne:	

EMPLOYMENT CONTINUED						
Employer Name and Address	Position Title/Duties Skills	Position Title/Duties Skills				
			Reason for leaving			
	Supervisor's Name:	Telephone:				
Employer Name and Address	Position Title/Duties Skills		Dates Employed			
Employer Name and Address	- Conton Therbades Ordins		from to			
			Reason for leaving			
	Supervisor's Name:	Telephone:				
Summarize other employment related to this job:						
Turner of name days, other electronic as	machanical		· · · · · · · ·			
Types of computers, other electronic or requipment that you are qualified to opera						
Typing speed: per minute.						
Professional Licenses, Certifications or f	Registrations:		<u> </u>			
Additional skills including supervision ski regarding the career/occupation you wish						
In case of accident or illness please cont	act: Name:	Da	vytime phone:			
Address:			Relationship:			
references may be checked. If you have	f our procedure for processing your employm misrepresented or omitted any facts on this a ay make a written request for information der	pplication, and are subsequently hire	ed, you			
If necessary for employment, you may be have a physical examination and/or a dru	e required to: supply your birth certificate or o ug test, or to sign a conflict of interest agreem	ther proof of authorization to work in ent and abide by its terms.	the US,			
I understand and agree to the information	shown above:					
Signature:		Date:				
employers are required to provide equal e	le many employers are required by federal lar employment opportunity and may ask your na is optional and failure to provide it will have r	itional origin, race and sex for planning	ng and			
Employer Section:						