

Naranja Cafe Employment Application

Return application to: 2416 Lillian Miller, Ste 180 • Denton, 76205 || career@NaranjaCafe.com



## EMPLOYMENT APPLICATION

### GENERAL INFORMATION:

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

SSN \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Are you 18 years of age or over?    Yes    No (proof of age may be required)

Do you have a valid drivers license?    Yes    No

Have you been convicted of a felony within the last 7 years?    Yes    No

If YES, please explain: \_\_\_\_\_

Are you legally able to be employed in this country?    Yes    No (if hired, verification will be required by law)

In case of emergency please notify Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

### EMPLOYMENT-REALTED INFORMATION:

Have you ever worked for Naranja Café before?    Yes    No    If YES, when \_\_\_\_\_

What type of position are you seeking?    Part-time    Full-time

#### Hours Available

	SUN	MON	TUE	WED	THU	FRI	SAT
From							
To							

Total hours available per week \_\_\_\_\_

Date available to start work \_\_\_\_\_

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**SCHOOL MOST RECENTLY ATTENDED:**

School Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Graduated?    Yes        No                      Graduating Year \_\_\_\_\_ GPA \_\_\_\_\_

**MOST RECENT EMPLOYMENT:**

Company \_\_\_\_\_ Phone \_\_\_\_\_

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

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Worked From \_\_\_\_\_ To \_\_\_\_\_

Wage \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

(Mgmt. Ref. Check done by: \_\_\_\_\_)

Company \_\_\_\_\_ Phone \_\_\_\_\_

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

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Worked From \_\_\_\_\_ To \_\_\_\_\_

Wage \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

(Mgmt. Ref. Check done by: \_\_\_\_\_)

Do we have your permission to contact your current employer?    Yes        No

If NO, please explain: \_\_\_\_\_

**REFERENCES** (please do not use family members)

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Years Known \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Years Known \_\_\_\_\_ Relationship \_\_\_\_\_

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The Secretary of Health & Human Services has determined that certain diseases, including Hepatitis A, typhoid fever (Salmonella tufhi), shigellosis (Shigella spp.) and E coli (Escherichia collie 0157-H7) may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling & serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job? Yes No

If yes, please explain: \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING STATEMENTS, PLEASE ASK FOR ASSISTANCE.**

I HEREBY CERTIFY THAT I HAVE READ AND FULLY COMPLETED ALL PAGES OF THIS APPLICATION AND THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION(S) OR FALSE INFORMATION IS GROUNDS FOR UNFAVORABLE CONSIDERATION OR DISMISSAL FROM EMPLOYMENT.

I AUTHORIZE YOU TO COMMUNICATION WITH ALL MY FORMER EMPLOYERS, SCHOOLS, OFFICIALS, AND PERSONS NAMED AS REFERENES. I HEREBY RELEASE ALL EMPLOYERS, SCHOOLS AND INDIVIDUALS FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER RESULTING FROM GIVING SUCH INFORMATION.

I UNDERSTAND THAT, AS THIS ORGANIZATION DEEMS NECESSARY, I MAY BE REQUIRED TO WORK OVERTIME HOURS OR HOURS OUTSIDE A NORMALLY DEFINED WORK DAY OR WORK WEEK. IF EMPLOYED, I UNDERSTAND AND AGREE THAT SUCH EMPLOYMENT MAY BE TERMINATED AT ANY TIME AND WITHOUT ANY LIABILITY TO ME FOR CONTINUATION OF SALARY, WAGES, OR EMPLOYMENT RELATED BENEFITS.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

INTERVIEWER AND/OR REFERENCE COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_