

JOIN OUR TEAM

To apply for a position at **The University Library Cafe**, please fill out the application below and apply in-person at our restaurant or email it to universitylibrarycafe@gmail.com. Thank you for your interest, we look forward to hearing from you!

Date of application: _____

PERSONAL INFORMATION

Name _____ Email _____
FIRST LAST

Address _____ Phone _____
STREET ADDRESS CITY STATE ZIP CODE

When is the best time to reach you? ☐ MORNING ☐ AFTERNOON ☐ EVENING Are you legally eligible to work in the US? ☐ YES ☐ NO

Are you 18 years or older? ☐ YES ☐ NO Have you ever been convicted of a felony? ☐ YES ☐ NO If yes, please explain. _____

AVAILABILITY

Position Desired: *(check all that apply)*

☐ SERVER ☐ HOST ☐ LINE COOK ☐ BUSSER ☐ ASST. MANAGER ☐ BARTENDER ☐ EXPEDITER ☐ PREP COOK ☐ DISHWASHER ☐ FOOD RUNNER

Please list the hours you are available to work each week:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From:							
To:							

Any scheduling restrictions we should be aware of? _____

How many Shifts or Hours do you want per week? Shifts: _____ Hours: _____

PREVIOUS EMPLOYMENT

Have you ever worked for a Full Court Press restaurant before? ☐ YES ☐ NO If yes, which location? _____

Dates of Employment: _____ Job Title: _____ Supervisor: _____

List below your last three employers starting with most recent.

Employer 1

COMPANY NAME	FROM / TO	\$ STARTING PAY	\$ ENDING PAY
CITY STATE	SUPERVISOR	PHONE	
JOB TITLE	REASON FOR LEAVING		

Employer 2

COMPANY NAME		FROM	TO	\$	\$
				STARTING PAY	ENDING PAY
CITY	STATE	SUPERVISOR		PHONE	
JOB TITLE		REASON FOR LEAVING			

Employer 3

COMPANY NAME		FROM	TO	\$	\$
				STARTING PAY	ENDING PAY
CITY	STATE	SUPERVISOR		PHONE	
JOB TITLE		REASON FOR LEAVING			

EDUCATION

High School

SCHOOL NAME	CITY	STATE
Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NUMBER OF YEARS ATTENDED		
EXTRACURRICULARS		

College/Other Education

SCHOOL NAME	CITY	STATE
Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NUMBER OF YEARS ATTENDED		
TITLE OF DEGREE OR CERTIFICATION OR AREA OF STUDY		

REFERENCES

REFERENCE NAME	RELATIONSHIP	PHONE #	YEARS KNOWN
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ACKNOWLEDGEMENT

By signing my name below, 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 termination.

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 any damage that may result from utilization of such information.

Applicant Signature: _____ Date: _____