

# Fountain City Coffee Application



Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone \_\_\_\_\_ SSN \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
(Street)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, what is your current occupation? \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

How many hours/week would you like to work? \_\_\_\_\_

(List the time period you are available for on each day)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sun 8am-8pm						
Mon-Thurs: 6am-10:30pm						
Fri: 6am-2:30am						
Sat 7am-2:30am						

← Our hours of operation

What is the highest level of education you have completed? \_\_\_\_\_

List any extracurricular activities	What do you like to do in your spare time?
1 _____	1 _____
2 _____	2 _____
3 _____	3 _____

## Please list two previous places of employment:

_____	_____
(Business name)	(Business name)
_____	_____
During what time period did you work here?	During what time period did you work here?
_____	_____
(Employer/Manager's name)	(Employer/Manager's name)
_____	_____
(Phone number)	(Phone number)
_____	_____
Why did you leave?	Why did you leave?

Can we call for a reference?  Yes  No

Can we call for a reference?  Yes  No

## References

Please list at least two references (other than family members):

(Name)	(Name)
(Position/Occupation)	(Position/Occupation)
(Phone number)	(Phone number)

Can we call for a reference?  Yes  No

Can we call for a reference?  Yes  No

What are the top three reasons why you would like to work here?

What are the top three characteristics you believe are found in a great retail employee?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Are you confident that you either possess these characteristics or have the ability to learn them?

Yes  No

At this job, constant cleaning is required. Is this something that you will mind doing?  Yes  No

We also require that you maintain a positive mental attitude with fellow employees and customers whenever you are at work. Do you feel that you will be able to do this?  Yes  No

Is there any other information you feel we should know about you?

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I, the undersigned, declare that the statements made in this application form are to the best of my knowledge true and correct.

\_\_\_\_\_  
(Applicant's signature)

Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Thank you for taking the time to complete this application.