



# Beans-N-Cream Employment Application

Equal Opportunity Employer — It is our policy to abide by all Federal and State Laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, physical handicap, or disability.

Beans-N-Cream  
65 N. Main Street  
Cedarville, OH 45314  
937-766-2120

## PLEASE COMPLETE FRONT AND BACK PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address: \_\_\_\_\_  
Street City State Zip

How Long at present address: \_\_\_\_\_ How Long at Previous Address \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

If under age 18, please list age: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Any other position interests: \_\_\_\_\_ How many hours can you work weekly? \_\_\_\_\_

Days and hours available to work on regular basis:  MON \_\_\_\_\_  TUE \_\_\_\_\_  WED \_\_\_\_\_  THU \_\_\_\_\_  
 FRI \_\_\_\_\_  SAT \_\_\_\_\_  SUN \_\_\_\_\_  NO PREFERENCE \_\_\_\_\_

Employment desired:  FULL-TIME ONLY  PART-TIME ONLY  FULL OR PART-TIME

Date you are available to begin: \_\_\_\_\_ Are you available to train during the daytime?  Yes  No

If hired, can you document US citizenship or the right to work?  Yes  No

Have you ever been convicted of a crime?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

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

## EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION – complete mailing address	# YRS COMP.	MAJOR/DEGREE
High School	_____	_____	_____	_____
College 1	_____	_____	_____	_____
College 2	_____	_____	_____	_____
Bus./Trade School	_____	_____	_____	_____

## REFERENCES - Please list two references other than relatives or previous employers.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**WORK HISTORY**

Work Experience: Please list your work experience for your last 3 employers beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

1. Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_  
Pay Or Salary: \_\_\_\_\_ May We Contact?  Yes  No  
Jobs you held, duties performed, skills used r learned, advancements or promotions while you worked at this company:  
\_\_\_\_\_  
Reason for leaving – be specific: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_  
Pay Or Salary: \_\_\_\_\_ May We Contact?  Yes  No  
Jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:  
\_\_\_\_\_  
Reason for leaving – be specific: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_  
Pay Or Salary: \_\_\_\_\_ May We Contact?  Yes  No  
Jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:  
\_\_\_\_\_  
Reason for leaving – be specific: \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying:

*I do hereby authorize any person, firm, corporation or other entity to furnish any information requested by this employer, relative to my character, police or criminal records, employment history, educational credentials, or credit. I do further release and discharge any party delivering information to this employer pursuant to this authorization from any liability, claims, charges or causes of action which I may have as a result of the disclosure of any information requested by this employer. I certify that all statements on this application for the employment are true and complete, and I understand that any false, misleading, or omitted statements shall be considered sufficient cause for my immediate discharge, if employed. Further, I understand that this employment application and any other company document or statements made should not be construed as direct, implied or inferred contracts of employment between this employer and me. I understand that if hired, my employment will be at will, meaning that my employment and compensation can be terminated with or without cause and with or without notice at any time, at the option of either this employer or myself.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_