

A General Information

## **Application for Employment**

**An Equal Opportunity Employer** 

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PRINT IN BLACK INK OR TYPE. Please staple your resume if you are submitting one in addition to this application. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. Gimme! Coffee Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

1. Name (First, MI, Last)		2. Mailing Address (No., Street, City, Zip Code)		3. Email Address				
4. Phone Number 5. Title of Positi (indicate local		ion Applied For ation)	6. How Did You Learn of This Opening?		7. Are You 18 Years Old or Older?  Yes  No			
8. Position Desired  □ Full-Time □ Part-Time	9. I am Able To  □ Evenings □ Days	Work  ☐ Weekends ☐ Holidays	10. Circle Days You Can Work.  M T W R F S	11. Date You C		an Start?		
B. Educational History								
1. Name and Location (City & State) of Last High School Attended		2. Are You a High School Graduate? Answer "Yes" if you expect to graduate w/in the next several months, or you have a equivalency certificate of graduation.						
3a. Name and Location of College or University		Dates Attended From: To:	Credits Completed Semester: Quarter:	Degree Type (BA, BFA, etc.)		Year of Degree		
3b. Name and Location of College or University		Dates Attended From: To:	Credits Completed Semester: Quarter:	Degree Type (BA, BFA, etc.)		Year of Degree		
4. Major Field of Study at Highest Level of College Work								
5. Honors, Awards, and Fellowships Received								
6. Coffee Experience								

Phone: 607-273-0111 x 305 Fax: 607-277-1042 Email: hr@gimmecoffee.com



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Name (First, MI, Last)		Date					
C. Work History							
(Start with your current position and go back at least 5 years or to your 16th birthday, whichever is shorter. You may include volunteer work. Account for periods of unemployment in separate blocks in order. Include military service. Use blank sheets if you need more space.)							
Dates of Employment (Month & Year)	Exact Position Title:	Starting Salary/earnings: \$ per					
From: To:	Average Weekly Hours:	Present Salary/earnings: \$ per					
Name of Employer and Complete Mailing Address	Kind of Business (Manufacturing, etc.)	Place of Employment (City & State)					
Name of Supervisor	Telephone (If Known)	Reason for Wanting to Leave					
Description of Duties, Responsibilities, and Accomplishments							
Dates of Employment (Month & Year)	Exact Position Title:	Starting Salary/earnings: \$ per					
From: To:	Average Weekly Hours:	Present Salary/earnings: \$ per					
Name of Employer and Complete Mailing Address	Kind of Business (Manufacturing, etc.)	Place of Employment (City & State)					
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Name (First, MI, Last)

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and date of the offense and the job for which you are app	olying for job-related purposes
Occupation	Years Known
Occupation	Years Known
I understand that if I am employed, any false statements	s on this application may be
act all references listed above, and authorize them to rele otherwise. I release all parties from all liability for any da	ease all information concerning amage that may reslut from
d at any time and without prior notice.	
Date	
	Occupation  Occupation  I understand that if I am employed, any false statements act all references listed above, and authorize them to releotherwise. I release all parties from all liability for any data any time and without prior notice.

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