



395 Lake Street
 Antioch, IL 60002
 Phone: 847.395.2223
 Fax: 847.395.0564

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

PERSONAL INFORMATION

Name (First Middle Last):	Date:
	Are you under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No

Street Address	Social Security Number:
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City	State	Zip	Email address
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Telephone Number	Cell:	Work:
Home:		

Are you legally authorized to work in the United States? Yes No

Based on the job description for the position(s) for which you are applying, can you perform the essential functions of this position with or without reasonable accommodations? Yes No

Briefly explain why you want to work for Café Book:

Have you ever been convicted of a felony or misdemeanor? Yes No If YES, please describe in full and include date(s):

Do you have any criminal charges currently pending against you? Yes No If YES, please describe in full, including current status(s):

Conviction or pending charges will not automatically disqualify an applicant from consideration for a position.

GENERAL INFORMATION

Position(s) applied for:	Date available for work:
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Applying for: Full-Time (40 hours per week)
 Part Time Number of hours preferred: _____

What shift(s) will you work? Mornings Afternoons Evenings Weekends

Hourly wage requirements: \$ _____

Clerical (Please check all in which you are proficient) <input type="checkbox"/> Computer (PC) <input type="checkbox"/> Stocking <input type="checkbox"/> Cash Register <input type="checkbox"/> 10-Key Adding Machine <input type="checkbox"/> Barista <input type="checkbox"/> Food Service <input type="checkbox"/> Word Processing <input type="checkbox"/> Retail Sales <input type="checkbox"/> Other _____ _____ _____	Referral Source: <input type="checkbox"/> Newspaper (Name): _____ <input type="checkbox"/> Café Book Website <input type="checkbox"/> Referral (Name): _____ <input type="checkbox"/> Radio <input type="checkbox"/> Agency <input type="checkbox"/> Other: _____ _____ _____
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Please list any additional experiences, skills and/or qualifications you have which relate to the position you are applying for:

NAME/CITY & STATE OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA, DEGREE, OR COURSE OF STUDY
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> GED/HSED
Business/Technical	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
List any academic or special awards you have received:			
Present/Last Employer	Company Name	Employed From	To
Street Address		Telephone Number	
City	State	Zip	
Type of Work/Duties	Last Salary	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Name/Extension of Supervisor
May we contact present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your name then (if different)	
Reason for Leaving:			
Next Previous Employer	Company Name	Employed From	To
Street Address		Telephone Number	
City	State	Zip	
Type of Work/Duties	Last Salary	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Name/Extension of Supervisor
Reason for Leaving:		Your name then (if different)	
Next Previous Employer	Company Name	Employed From	To
Street Address		Telephone Number	
City	State	Zip	
Type of Work/Duties	Last Salary	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Name/Extension of Supervisor
Reason for Leaving:		Your name then (if different)	

Read carefully and acknowledge by your written signature and today's date

I release from any and all liability all representatives of Café Book for their acts performed in connection with evaluating my applications, credentials, and qualifications. I further authorize any party having information bearing upon my qualifications for employment to release such information to Café Book (unless otherwise stated). I also release from any an all liability all individuals and organizations that provide information to Café Book in good faith and without malice concerning my employment competence, ethics, character and other qualifications, including other privileged or confidential information.

I certify that the statements I make in this application, my resume, and any interview(s) are true and complete. I understand that any false statements, misrepresentations, or omissions on these documents or in interviews will disqualify me from further consideration of employment, or immediate dismissal. I authorize and consent to the investigation of all statements. I also understand that my employment at Café Book is contingent upon the satisfactory completion of a criminal record check and investigation of my work record and references. I further understand that, if employed, I will serve at least a 90-day initial trial period from my date of employment.

I understand that if my availability changes I am to notify Café Book's management in writing regarding the changes. The management may accept or reject the changes. I understand further that my work schedule and assignments are subject to change, based upon business needs, and that from time to time extended hours or training may be necessary.

I understand that if hired, **my employment can be terminated by either Café Book or me at will, with or without cause, and without notice at any time.** I further agree to conform to the policies and guidelines of Café Book.

Signature of Applicant

Date

It is the policy of Café Book to consider all applicants for employment without regard to age, race, religion, creed, color, disability, marital status, sex, national origin, arrest and conviction record, ancestry, sexual orientation, military reserve status, or any other unlawful basis.

Applicant: Sign above and send completed application to:

Café Book
Attn: Deb Lauenstein
395 Lake Street
Antioch, IL 60002

REFERENCES

First Reference	Name	Relationship (Personal/Work)
Company Name (if work reference)		Telephone Number
City		State
Second Reference	Name	Relationship (Personal/Work)
Company Name (if work related reference)		Telephone Number
City		State
Third Reference	Name	Relationship (Personal/Work)
Company Name		Telephone Number
City		State