



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, military service, or any other legally protected status.

Employment Application

Cafe Express is an equal opportunity employer

No application will be considered unless all information requested on this form is completed in full, even if you have a resume.

PERSONAL INFORMATION

DATE / /

Name (Last)		First		(Middle)					
Home Address		City		State Zip					
Home Telephone ()		Business Telephone ()		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Position Applying For		Date Available / /		Are you interested in (check all that apply): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer					
Days and hours available (Complete if applying for restaurant position):				Are you willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Day	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	If you are under 16 years of age, please state your date of birth: ____ / ____ / ____ (no one under age 16 may be hired) Are you willing to travel? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From									
To									
How were you referred to Cafe Express? _____			Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have any relatives employed by Cafe Express? If yes, please list: _____									

EDUCATION

Type of School	Name and Location of School			Degree/Area of Study	Number of Years Attended	Graduated (Check One)
High School	Name	Address				Yes <input type="checkbox"/> No <input type="checkbox"/>
	City	State	Zip			
College	Name	Address				Yes <input type="checkbox"/> No <input type="checkbox"/>
	City	State	Zip			
Graduate School	Name	Address				Yes <input type="checkbox"/> No <input type="checkbox"/>
	City	State	Zip			
Other	Name	Address				Yes <input type="checkbox"/> No <input type="checkbox"/>
	City	State	Zip			

Languages fluent in (if relevant to the job): _____

Computer Skills: _____

IF HIRED, CAN YOU PROVE THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES? YES NO
Proof of eligibility to work in the United States will be required before an individual can begin employment.

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? Mark yes if you have been convicted of a DWI offense.
 YES NO IF YES, PROVIDE DATE OF CONVICTION, NAME OF OFFENSE, LOCATION, AND SENTENCE RECEIVED:

HAVE YOU EVER BEEN GIVEN A DEFERRED ADJUDICATION OR PLEAD GUILTY OR NO CONTEST FOR ANYTHING OTHER THAN A TRAFFIC VIOLATION? Mark yes if you have ever been given a deferred adjudication or plead guilty or no contest for a DWI offense. YES NO

IF YES, PROVIDE DATE OF COMMENCEMENT AND END OF DEFERRED ADJUDICATION OR DATE OF PLEA IF YOU PLEAD GUILTY OR NO CONTEST, AND PROVIDE THE NAME OF OFFENSE, LOCATION, AND SENTENCE RECEIVED:

(A conviction record does not necessarily disqualify an applicant from employment.)

EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.
 May we contact your present employer? Yes No Past Employer? Yes No Please indicate if you were employed under a different name.

DATES	NAME AND ADDRESS OF EMPLOYER		POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING
From: /	Name		Your Job Title		Starting	
mo. yr.	Address		Supervisor		Final	
To: /	City					
mo. yr.	State					
mo. yr.	Zip					

Are you eligible for rehire? Yes No

From: /	Name		Your Job Title		Starting	
mo. yr.	Address		Supervisor		Final	
To: /	City					
mo. yr.	State					
mo. yr.	Zip					

Are you eligible for rehire? Yes No

From: /	Name		Your Job Title		Starting	
mo. yr.	Address		Supervisor		Final	
To: /	City					
mo. yr.	State					
mo. yr.	Zip					

Are you eligible for rehire? Yes No

From: /	Name		Your Job Title		Starting	
mo. yr.	Address		Supervisor		Final	
To: /	City					
mo. yr.	State					
mo. yr.	Zip					

Are you eligible for rehire? Yes No

Have you previously worked for Cafe Express? Yes No

Name _____ Location _____
 City & State _____ Position Held _____
 Supervisor _____ Dates Employed: From: _____ To: _____
 Reason for Leaving _____

REFERENCES

Business References (do not list relatives); Please indicate if you were employed under a different name:

Name	Address	Work Phone No.	Title	Years Known
		()		
		()		
		()		

Job Application Agreement and Certification

As an applicant of CE Restaurant Holdings LLC., I agree to the following:

- That the information contained in the application and accompanying documents is true in all respects. I authorize the Company to investigate thoroughly my work and personal history and verify all the information provided to the Company. I authorize all individuals, schools, and employers named in the application (except my current employer if so noted) to provide any information, personal, or otherwise, requested about me. I release all parties from all liability for any damage that may result from furnishing information to the Company. A copy or tele fax copy of this authorization may be relied upon as if it were an original document.
- I understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon this Company unless made in writing.
- I acknowledge that if I need a reasonable accommodation in either the application process or employment I will bring my request to the Human Resources Department. This company reserves the right to require medical documentation concerning the need for accommodation.
- I understand that if employed, I am required to abide by all policies, rules and regulations of the company. I also understand that the Company may revise its policies, rules and regulations in whole or in part, at any time.
- I understand that this Company has a policy against drug and alcohol abuse, and reserves that right to revise policies or procedures, in whole or in part, at any time.
- I understand that this application may be considered for a maximum of 60 calendar days. After that time, If I have not heard from the Company and still wish to be considered form employment, it will be necessary for me to reapply by completing a new application.

BY SIGNING BELOW, I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND UNDERSTAND THAT IF I PROVIDE FALSE OR MISLEADING INFORMATION OR WILLFULLY OMIT INFORMATION IN THIS APPLICATION, ON MY RESUME, DURING MY INTERVIEW, OR DURING MY EMPLOYMENT, I MAY BE DENIED EMPLOYMENT OR IF DISCOVERED AFTER HIRE, BE SUBJECT TO DISCIPLINE, UP TO AND INCLUDING IMMEDIATE TERMINATION OF EMPLOYMENT.

IN ADDITION BY SIGNING, BELOW, I ACKNOWLEDGE THAT IF I AM EMPLOYED BY THE COMPANY, MY EMPLOYMENT WILL BE AT-WILL, AND THAT I OR THE COMPANY MAY TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON OR NO REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Applicant Signature: _____ Date: _____