



TEAM MEMBER APPLICATION FOR EMPLOYMENT

DATE OF

APPLICATION
An Equal Opportunity Employer

- It is the Company's policy to provide equal opportunity in conformance with all applicable state and federal laws.
- All questions must be answered and the application must be signed and dated.

PERSONAL

NAME (LAST, FIRST, MIDDLE)		TELEPHONE NUMBER (HOME)
ADDRESS (CITY, STATE, ZIP CODE)		TELEPHONE NUMBER (OTHER)
PLEASE INDICATE ANY OTHER NAMES YOU HAVE USED WHILE WORKING OR ATTENDING SCHOOL, SUCH AS A FORMER NAME, ETC.		
ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF REQUIRED, CAN YOU PROVIDE A VALID WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		Simmons Café & Market does not allow employment of minors under the age of sixteen (16). Minors will not be permitted to work unless they are legally able to do so under all applicable state and federal laws. A minor may only be permitted to work in accordance with the terms, restrictions and limitations set forth in their work permit, if one is required.

EMPLOYMENT DESIRED

POSITION DESIRED:		PAY EXPECTED:
LOCATION(S) PREFERRED:		HOW DID YOU LEARN ABOUT THIS OPPORTUNITY?
DATE YOU ARE AVAILABLE FOR EMPLOYMENT:	ARE YOU AVAILABLE TO WORK ON: WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

AVAILABILITY

HOURS AVAILABLE	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL HOURS AVAILABLE PER WEEK:
FROM:								WOULD YOU WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
TO:								SHIFTS PREFERRED: <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS
ARE YOU WILLING TO WORK OVERTIME WHEN AND AS REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO								

GENERAL INFORMATION

HAVE YOU EVER APPLIED FOR EMPLOYMENT OR WORKED for Simmons Cafe? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN & WHERE:
WHAT WAS YOUR SUPERVISOR'S NAME?	REASON FOR LEAVING:
DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY SIMMONS CAFE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME & LOCATION:
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR SERIOUS MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE NATURE OF CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE – CONVICTIONS FOR MARIJUANA RELATED OFFENSES MORE THAN 2 YEARS OLD NEED NOT BE DISCLOSED:	
*NOTE: No applicant will be denied employment solely on the basis of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for, however, may be considered.	

ARE YOU ABLE TO PERFORM ALL OF THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NECESSARY, PLEASE DESCRIBE THE TYPE(S) OF REASONABLE ACCOMMODATIONS THAT ARE NEEDED?
HAVE YOU EVER BEEN COUNSELED FOR CASH HANDLING SITUATIONS (OVER/SHORT), GUEST SERVICE ISSUES OR INABILITY TO MEET/ADHERE TO COMPANY STANDARDS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:

EDUCATIONAL HISTORY

SCHOOL	NAME & LOCATION	COURSE OF STUDY	LEVEL OR YEARS COMPLETED	TYPE OF DEGREE OR CERTIFICATE
HIGH SCHOOL				
COLLEGE/ OTHER				
ARE YOU GOING TO SCHOOL NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> DAY CLASSES <input type="checkbox"/> NIGHT CLASSES		

IDENTIFICATION REQUIREMENTS

IF HIRED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? ☐ YES ☐ NO

EMPLOYMENT HISTORY

PLEASE READ CAREFULLY: BEGIN WITH PRESENT OR MOST RECENT EMPLOYER AND LIST ALL JOBS YOU HAVE HELD FOR THE PAST FIVE YEARS. ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT IN THE SPACE PROVIDED.

FROM:	TO:	LAST OR PRESENT EMPLOYER'S NAME AND COMPLETE ADDRESS:			
STARTING WAGE \$ PER	ENDING WAGE \$ PER	YOUR JOB TITLE:	SUPERVISOR'S NAME:	TELEPHONE NO.	
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING:				MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO THIS EMPLOYER?	

FROM:	TO:	EMPLOYER'S NAME AND COMPLETE ADDRESS:			
STARTING WAGE \$ PER	ENDING WAGE \$ PER	YOUR JOB TITLE:	SUPERVISOR'S NAME:	TELEPHONE NO.	
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING;				MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO THIS EMPLOYER?	

FROM:	TO:	EMPLOYER'S NAME AND COMPLETE ADDRESS:			
STARTING WAGE \$ PER	ENDING WAGE \$ PER	YOUR JOB TITLE:	SUPERVISOR'S NAME:	TELEPHONE NO.	
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING:				MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO THIS EMPLOYER?	

(If additional space is needed to list details of experience, please provide on an additional sheet of paper and attach to this application)

PLEASE EXPLAIN ANY PERIODS OF UNEMPLOYMENT:

FROM:	TO:	HOW DID YOU SPEND THIS TIME?
FROM:	TO:	HOW DID YOU SPEND THIS TIME?

DRUG AND ALCOHOL POLICY

Simmons Café & Market HAS A VITAL INTEREST IN MAINTAINING A DRUG AND ALCOHOL FREE ENVIRONMENT FOR ITS EMPLOYEES. GUESTS AND VISITORS. THE COMPANY PROHIBITS THE USE OF, POSSESSION OF. DISTRIBUTION OF, PURCHASE OR SALE OF, OFFERING TO PURCHASE OR SELL, TRANSFER OR TRAFFICKING IN AND WORKING OR REPORTING FOR WORK UNDER THE INFLUENCE OF INTOXICANTS, DRUGS OR CONTROLLED OR ILLEGAL SUBSTANCES.

PLEASE READ AND SIGN BELOW

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY SIMMONS CAFE, I **VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE AND/OR ANY OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY SIMMONS CAFE.** FURTHER, I RELEASE ALL PARTIES AND PERSONS FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO THE COMPANY AS WELL AS FROM THE USE OR DISCLOSURE OF SUCH INFORMATION BY THE COMPANY OR ANY OF ITS AGENTS, EMPLOYEES, OR REPRESENTATIVES.

I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OR, IF I AM HIRED, IN MY IMMEDIATE DISMISSAL FROM THE COMPANY. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND STANDARDS OF THE COMPANY AND I ACKNOWLEDGE THAT MY EMPLOYMENT AT SIMMONS CAFE IS FOR NO DEFINITE PERIOD OF TIME AND THAT THIS NOTHING IN THIS APPLICATION SHALL CONSTITUTE A CONTRACT OF EMPLOYMENT OR GUARANTEE OF EMPLOYMENT. I AGREE THAT MY EMPLOYMENT IS "ATWILL" MEANING THE TERMS OF EMPLOYMENT MAY BE CHANGED AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT NOTICE AND WITH OR WITHOUT CAUSE, EITHER AT MY OPTION OR AT THE OPTION OF THE COMPANY. THIS INCLUDES BUT IS NOT LIMITED TO: TERMINATION, DEMOTION, PROMOTION, TRANSFER, COMPENSATION, BENEFITS, DUTIES, AND LOCATION OF WORK. MY STATUS AS AN "AT-WILL" EMPLOYEE CANNOT BE CHANGED. FURTHER, I UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONDITIONED ON THE RECEIPT OF SATISFACTORY RESPONSES TO REFERENCE REQUESTS, SATISFACTORY PROOF OF AN APPLICANT'S IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES.

APPLICANT'S SIGNATURE

DATE