



APPLICATION FOR EMPLOYMENT

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. La Mano Coffee Co. LLC 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

A. General Information

1. Name (First, MI, Last)		2. Mailing Address (No., Street, City, Zip Code)		3. Email Address	
4. Phone Number	5. Title of Position Applied For	6. How Did You Learn of This Opening?	7. Are You 18 Years Old or Older? <input type="checkbox"/> YES <input type="checkbox"/> NO		
8. Position Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	9. I am Able To Work <input type="checkbox"/> Evenings <input type="checkbox"/> Days <input type="checkbox"/> Weekends <input type="checkbox"/> Holiday	10. Circle Days You Can Work. M T W R F S S		11. Date You Can 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. <input type="checkbox"/> Yes - Month & Year: <input type="checkbox"/> No - Highest grade Completed:		
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					



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Name (First, MI, Last)	Date
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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) From: To:	Exact Position Title: Average Weekly Hours:	Starting Salary/earnings: \$ per Present Salary/earnings: \$ per
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Name of Employer and Complete Mailing Address	Kind of Business (Manufacturing, etc.)	Place of Employment (City & State)
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Name of Supervisor	Telephone (If Known)	Reason for Wanting to Leave
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Description of Duties, Responsibilities, and Accomplishments

Dates of Employment (Month & Year) From: To:	Exact Position Title: Average Weekly Hours:	Starting Salary/earnings: \$ per Present Salary/earnings: \$ per
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Name of Employer and Complete Mailing Address	Kind of Business (Manufacturing, etc.)	Place of Employment (City & State)
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Name of Supervisor	Telephone (If Known)	Reason for Leaving
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Description of Duties, Responsibilities, and Accomplishments

Dates of Employment (Month & Year) From: To:	Exact Position Title: Average Weekly Hours:	Starting Salary/earnings: \$ per Present Salary/earnings: \$ per
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Name of Employer and Complete Mailing Address	Kind of Business (Manufacturing, etc.)	Place of Employment (City & State)
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Name of Supervisor	Telephone (If Known)	Reason for Leaving
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Description of Duties, Responsibilities, and Accomplishments



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Name (First, MI, Last)	Date
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D. Other Information

1. Have you ever been fired from a job? If Yes, for what reason.

2. Have you ever been convicted of a crime?* If Yes, give details including date(s).

* A "Yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

E. References: List two personal references who are not relatives or former supervisors.

Name Address Telephone Occupation Years Known
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F. Certification

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal.

I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for for no definite period and may be terminated at any time and without prior notice.

Signature of Applicant	Date
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G. Use this space for any additional information you'd like to share

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