

Naranja Cafe Employment Application

Return application to: 2416 Lillian Miller, Ste 180 • Denton, 76205 || career@NaranjaCafe.com



EMPLOYMENT APPLICATION

GENERAL INFORMATION:

First Name _____ Middle Initial _____ Last Name _____

SSN _____ Date Of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Are you 18 years of age or over? Yes No (proof of age may be required)

Do you have a valid drivers license? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If YES, please explain: _____

Are you legally able to be employed in this country? Yes No (if hired, verification will be required by law)

In case of emergency please notify Name _____ Relationship _____

Home Phone _____ Office Phone _____ Cell Phone _____

EMPLOYMENT-REALTED INFORMATION:

Have you ever worked for Naranja Café before? Yes No If YES, when _____

What type of position are you seeking? Part-time Full-time

Hours Available

	SUN	MON	TUE	WED	THU	FRI	SAT
From							
To							

Total hours available per week _____

Date available to start work _____

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SCHOOL MOST RECENTLY ATTENDED:

School Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Graduated? Yes No Graduating Year _____ GPA _____

MOST RECENT EMPLOYMENT:

Company _____ Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Supervisor _____

Dates Worked From _____ To _____

Wage _____ Reason For Leaving _____

(Mgmt. Ref. Check done by: _____)

Company _____ Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Supervisor _____

Dates Worked From _____ To _____

Wage _____ Reason For Leaving _____

(Mgmt. Ref. Check done by: _____)

Do we have your permission to contact your current employer? Yes No

If NO, please explain: _____

REFERENCES (please do not use family members)

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Years Known _____ Relationship _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Years Known _____ Relationship _____

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The Secretary of Health & Human Services has determined that certain diseases, including Hepatitis A, typhoid fever (Salmonella tufhi), shigellosis (Shigella spp.) and E coli (Escherichia collie 0157-H7) may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling & serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job? Yes No

If yes, please explain: _____

PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING STATEMENTS, PLEASE ASK FOR ASSISTANCE.

I HEREBY CERTIFY THAT I HAVE READ AND FULLY COMPLETED ALL PAGES OF THIS APPLICATION AND THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION(S) OR FALSE INFORMATION IS GROUNDS FOR UNFAVORABLE CONSIDERATION OR DISMISSAL FROM EMPLOYMENT.

I AUTHORIZE YOU TO COMMUNICATION WITH ALL MY FORMER EMPLOYERS, SCHOOLS, OFFICIALS, AND PERSONS NAMED AS REFERENES. I HEREBY RELEASE ALL EMPLOYERS, SCHOOLS AND INDIVIDUALS FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER RESULTING FROM GIVING SUCH INFORMATION.

I UNDERSTAND THAT, AS THIS ORGANIZATION DEEMS NECESSARY, I MAY BE REQUIRED TO WORK OVERTIME HOURS OR HOURS OUTSIDE A NORMALLY DEFINED WORK DAY OR WORK WEEK. IF EMPLOYED, I UNDERSTAND AND AGREE THAT SUCH EMPLOYMENT MAY BE TERMINATED AT ANY TIME AND WITHOUT ANY LIABILITY TO ME FOR CONTINUATION OF SALARY, WAGES, OR EMPLOYMENT RELATED BENEFITS.

Signature _____

Date _____

FOR OFFICE USE ONLY

INTERVIEWER AND/OR REFERENCE COMMENTS: _____

