



Market CB, Inc. APPLICATION FOR EMPLOYMENT

DATE: _____

PERSONAL INFORMATION

NAME (Last, First, Middle)				
PRESENT ADDRESS		CITY	STATE	ZIP
PREVIOUS ADDRESS (If different from above)		CITY	STATE	ZIP
HOME PHONE	WORK PHONE	EMAIL		
SOCIAL SECURITY #				
IF HIRED, WILL YOU BE ABLE TO PROVIDE PROOF OF EMPLOYMENT AUTHORIZATION AND IDENTITY WITHIN 3 DAYS OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		EMPLOYMENT IS SUBJECT TO VERIFICATION OF MINIMUM LEGAL AGE. ARE YOU OF MINIMUM LEGAL AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU HAVE ANY REASON TO BELIEVE THAT YOU COULD NOT FULFILL THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EDUCATION

NAME/LOCATION OF HIGH SCHOOL, COLLEGE TRADE OR BUSINESS SCHOOLS	MAJOR	TOTAL CREDITS COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE	GPA	
	MINOR				MAJOR	MINOR
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT INTERESTS

POSITION APPLIED FOR		
PAY AMOUNT DESIRED:	IF HIRED, DATE AVAILABLE: / /	ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF COMPANY & POSITION:
APPLICATION FOR: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other	IF REQUIRED, ARE YOU AVAILABLE TO WORK SHIFTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF REQUIRED, ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF REQUIRED, ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	

AVAILABILITY

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

HOW WOULD YOU DEFINE SUPERIOR CUSTOMER SERVICE?

HOW OFTEN DO YOU DRINK COFFEE OR TEA PRODUCTS? _____

HOW DID YOU HEAR ABOUT THE COFFEE BEAN & TEA LEAF?

TEAM MEMBER REFERRAL WEBSITE WALK-IN ADVERTISEMENT SCHOOL FORMER EMPLOYEE (list dates): _____

OTHER (please explain): _____



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Please furnish a detailed, complete, consecutive, and accurate record of work history, beginning with your present or last position held. There must not be any period longer than a one month that is unexplained. If your name has ever been different at any time, please provide the name(s) used.

WORK EXPERIENCE

From Mo/Yr	Company	Starting Rate	Position Title	Duties Performed
	Street Address			
To Mo/Yr	City, State, Zip	Ending Rate	Reason for Leaving	
	Supervisor			
From Mo/Yr	Company	Starting Rate	Position Title	
	Street Address			
To Mo/Yr	City, State, Zip	Ending Rate	Reason for Leaving	
	Supervisor			
From Mo/Yr	Company	Starting Rate	Position Title	
	Street Address			
To Mo/Yr	City, State, Zip	Ending Rate	Reason for Leaving	
	Supervisor			

MAY WE CONTACT OF YOUR PRESENT EMPLOYER? YES NO

DO YOU CURRENTLY HAVE RELATIVES WORKING FOR THE COFFEE BEAN & TEA LEAF? YES NO

If yes, please list names:

REFERENCES

NAME	NAME	NAME
OCCUPATION/RELATION	OCCUPATION/RELATION	OCCUPATION/RELATION
MAIN TELEPHONE #	MAIN TELEPHONE #	MAIN TELEPHONE #
YEARS KNOWN	YEARS KNOWN	YEARS KNOWN

MILITARY

BRANCH OF SERVICE	DATE OF DISCHARGE:
HIGHEST RANK HELD	

Market CB is an Equal Opportunity Employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any Applications from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization at or prior to being hired. Failure to do so shall result in termination of employment. I understand that if I am employed, my employment with Market CB may be terminated for any reason, with or without cause or notice, at any time, by me or Market CB. Nothing in this application or in any oral or written statement provided to me by the Market CB can limit the right to terminate my employment at will and no one has any authority to change this at will relationship, unless such a change is in writing, signed by Management. The information contained on this application for employment is true and I acknowledge that I have read and fully understand the above statement. I hereby release and authorize the company or its agent to verify, inspect, copy and obtain records pertaining to the information I have provided in this application. I hereby authorize any persons or concerns to furnish information in their possession concerning any of the information I have provided in this application and release such persons or concerns from any and all liability arising there from. Furthermore, I understand and agree that Business needs may at times make the following conditions mandatory: overtime, shift work, shit changes, rotating work schedule, or weekend work schedules. I accept these as conditions of continuing employment. If employed, I will agree not to divulge to the company any confidential information I have gained through non-company previous employment and to protect the company's confidential information.

I HAVE READ THE ABOVE PARAGRAPH, UNDERSTAND ITS IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT THE SAME AS CONDITIONS OF MY EMPLOYMENT BY Market CB.

SIGNATURE OF APPLICANT

DATE