EMPLOYMENT APPLICATION

1. Employer Information:

Employer	Coshocton Coffee Connection
Address:	778 South Second Street
City/State/Zip:	Coshocton, Ohio 43812
Telephone:	(740) 622-5711

It is the policy of Coshocton Coffee Connection to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Name:	
Address:	
City/State/Zip:	
Number of years at this address:	
Daytime phone:	
Social Security Number:	
 Emergency Contact Who should be contacted if you are involved in an em 	
Contact Name:	
Relationship to you:	
Address:	
City/State/Zip:	
Daytime phone:	Evening Phone:
4. Job Position Applied For:	
5. Who referred you to our company?	
6. Are you at least 18 years old? Yes	_ No
7. Are you willing to work any shift, including nights	and weekends? Yes No
If no, please state limitations:	

8.	If you are offered employed	oyment, when would	you be available to begin work?	

- 9. Are you legally eligible for employment in the United States? _____ Yes _____ No
- 10. Are you able to perform the essential functions of the job position with or without reasonable

accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you require?

11. Applicant Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating				
		_ 1	2	3	4	5
		1	2	3	4	5

12. Applicant Employment History

List your current or most recent employment first.

Employer Name:	
Address:	
City/State/Zip:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	
Employer Name:	
Address:	
City/State/Zip:	
Job Duties:	
Reason for Leaving:	
Dates of Employment (Month/Year):	

Employer Name:							
Address:							
City/State/Zip:							
Job Duties:							
Reason for Leavi	ng:						
Dates of Employr	ment (Month/	Year):					
13. Applicant's Ed	ucation and Ti	raining					
College Name an	d Address						
Did you receive	a degree?	Yes	No	If yes, degr	ee received:		
High School Nam	e and Address	5					
Last Grade?	9	10	11	12	Diploma?	Yes	No
Other Training (g	raduate, techi	nical, vocatio	nal):				
Awards, Honors,	Special Achiev	vements:					
14. References: (L	ist any two pe	ople who wo	uld be wi	lling to provid	de a reference fo	or you.)	
Name							
Address:							
City/State/Zip:							
Telephone							
Relationship							
Name							
Address:							
City/State/Zip:							
Telephone							

15. Please provide and other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize Coshocton Coffee Connection to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of Coshocton Coffee Connection, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE