\$IMONE\$ TASTE · ENJOY · REMEMBER

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Date Received: Reviewed Bv:

APPLICATION FOR EMPLOYMENT

Simones Coffee Inc. provides equal employment opportunity to all qualified persons, and does not unlawfully discriminated against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or another legally protected status.

• • •	Complete all items on the application Sign and date your application Print all requested information Submit your application for both cafes to eithe	er location.	Locations: 7818 Telegraph Roa 2848 Cabrillo Drive V	d Ventura, CA 93004 Ventura, CA 93003
Name:	Phon	ne:		
Address	5:			
Are you legally eligible for work in the USA? Have you ever applied to work at Simones Coffee?		Yes Yes		
Minimu	m wage requested per hour: \$			

Being a member of our team REQUIRES that you are available to work on weekends and holidays, which are our busiest days. Employees must be available a minimum of 4 days per week. This does not guarantee that you will receive 4 days of work each week, but you must have availability to be scheduled for a minimum 4 days each week.

Please fill in hours you are available to work below. Scheduled hours are from 5:30am to 7:00pm.

SUN	MON	TUES	WED	THURS	FRI	SAT

Do you have any upcoming availability changes (seasonal job, school schedules, traveling plans, etc.)? Please describe in detail.

I agree to all availability terms listed above. I understand that time off requests are not guaranteed. I understand there is a high level of commitment required of all of Simones employees and agree that maintaining 4 days a week is a requirement of the job.

Print Name: ______ Sign: _____ Date: _____

EMPLOYMENT HISTORY - S					
EMPLOYER:					
SUPERVISOR NAME AND PHONE: _			TOTAL LENGTH OF EMPLOYMENT:		
ADDRESS:			_ START DATE:	END DATE: _	
STARTING WAGE/POSITION:	E	ENDING WAGE/POSIT	FION:		
RESPONSIBILTIES:					
REASON FOR LEAVING:					
MAY WE CONTACT? YES	NO				
EMPLOYER:					
SUPERVISOR NAME AND PHONE: _			TOTAL LENGTH	of Employment:	
ADDRESS:			_ START DATE:	END DATE:	
STARTING WAGE/POSITION:		ENDING WAGE/POSIT	ГION:		
RESPONSIBILTIES:					
REASON FOR LEAVING:					
MAY WE CONTACT? YES	NO				
EMPLOYER:					
SUPERVISOR NAME AND PHONE: _			TOTAL LENGTH	of Employment:	
ADDRESS:			_ START DATE:	END DATE: _	
STARTING WAGE/POSITION:	Ε	ENDING WAGE/POSIT	ГION:		
RESPONSIBILTIES:					
REASON FOR LEAVING:					
MAY WE CONTACT? YES	NO				
MAY WE CONTACT? YES	NO				
MAY WE CONTACT? YES	NO				
		P:		PHONE:	
	RELATIONSHIF				
REFERENCES – NOT FAMILY NAME:	RELATIONSHIF				
REFERENCES – NOT FAMILY NAME:	RELATIONSHIF				
REFERENCES – NOT FAMILY NAME: NAME:	RELATIONSHIF	P:		PHONE:	

In addition to your work history and education are there any other skills, qualifications, or experience we should consider?

Please tell us why you are the best fit for this job.

What motivates you?

It's your day off. What 3 things are you going to do?

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsification, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize Simones Coffee Inc. to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Simones Coffee Inc. by any of the schools, services, or employers listed on this application.

Signed: _____

Date: _____

IN ADDITION TO THIS APPLIATION, PLEASE ATTACH A TYPED RESUME.