



# APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY  
 INCOMPLETE APPLICATIONS  
 MAY DELAY PROCESSING

OFFICE USE ONLY		
DATE REVIEWED:		
REVIEWED BY:		
EMPLOYMENT:	APPROVED	DENIED

## PERSONAL INFORMATION

FIRST NAME:	LAST NAME:	PHONE #:	
EMAIL ADDRESS:		DATE OF BIRTH:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES NO			
HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST SEVEN (7) YEARS? YES NO			
IF "YES," LIST CONVICTIONS THAT ARE A MATTER OF PUBLIC RECORD (ARRESTS ARE NOT CONVICTIONS): <small>A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.</small>			
DO YOU SMOKE? YES NO	ARE YOU WILLING TO SUBMIT TO A DRUG TEST/SCREENING IF HIRED? YES NO		

## EMPLOYMENT DESIRED

POSITION DESIRED:	LOCATION PREFERENCE:						
SALARY/WAGE DESIRED:	HOURS PER WEEK DESIRED:				DATE YOU CAN START:		
SPECIFY HOURS AVAILABLE FOR EACH DAY OF THE WEEK:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	CLOSED						
HAVE YOU WORKED FOR LASATERS CORPORATION OR LASATERS COFFEE & TEA BEFORE? YES NO							
IF "YES," WHEN?	MANAGER NAME:						

## EDUCATION

	NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED & DEGREES RECEIVED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

LIST SKILLS RELEVANT TO THE POSITION APPLIED FOR:

HAVE YOU EVER VISITED A LASATERS COFFEE & TEA STORE? DESCRIBE YOUR EXPERIENCE:

DO YOU LIKE COFFEE, AND IF SO, WHAT DO YOU LIKE ABOUT IT?

WHAT KNOWLEDGE DO YOU HAVE ABOUT COFFEE?

WHY WOULD YOU LIKE TO WORK FOR LASATERS COFFEE & TEA?

DESCRIBE A **SPECIFIC** SITUATION WHERE YOU HAVE PROVIDED EXCELLENT CUSTOMER SERVICE. WHAT WAS THE RESULT?

# EMPLOYMENT HISTORY

LIST BELOW CURRENT AND/OR LAST THREE EMPLOYERS, **STARTING WITH THE MOST RECENT ONE FIRST.**  
 PLEASE INCLUDE ANY NON-PAID VOLUNTEER EXPERIENCE WHICH IS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING.  
 PLEASE COMPLETE EVEN IF YOU ATTACH A RESUME.

FROM:	NAME & ADDRESS OF EMPLOYER:	SALARY OR HOURLY?	HOURS PER WEEK:
TO:		STARTING PAY:	REASON FOR LEAVING:
POSITION HELD:		ENDING PAY:	
DUTIES PERFORMED:			
SUPERVISOR'S NAME:		PHONE #:	MAY WE CONTACT? YES NO
FROM:	NAME & ADDRESS OF EMPLOYER:	SALARY OR HOURLY?	HOURS PER WEEK:
TO:		STARTING PAY:	REASON FOR LEAVING:
POSITION HELD:		ENDING PAY:	
DUTIES PERFORMED:			
SUPERVISOR'S NAME:		PHONE #:	MAY WE CONTACT? YES NO
FROM:	NAME & ADDRESS OF EMPLOYER:	SALARY OR HOURLY?	HOURS PER WEEK:
TO:		STARTING PAY:	REASON FOR LEAVING:
POSITION HELD:		ENDING PAY:	
DUTIES PERFORMED:			
SUPERVISOR'S NAME:		PHONE #:	MAY WE CONTACT? YES NO

# REFERENCES

LIST THE NAMES OF THREE **PROFESSIONAL REFERENCES** (NOT FAMILY) WHICH YOU HAVE KNOWN FOR AT LEAST ONE YEAR:

NAME	CITY/STATE	PHONE #	BUSINESS	YEARS ACQUAINTED	HOW DO YOU KNOW THEM?

I HEREBY AUTHORIZE LASATERS COFFEE & TEA TO THOROUGHLY INVESTIGATE MY BACKGROUND, REFERENCES, EMPLOYMENT RECORD, AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT. I AUTHORIZE PERSONS, SCHOOLS, MY CURRENT EMPLOYER (IF APPLICABLE), AND PREVIOUS EMPLOYERS, AND ORGANIZATIONS CONTACTED BY LASATERS COFFEE & TEA TO PROVIDE ANY RELEVANT INFORMATION REGARDING MY CURRENT AND/OR PREVIOUS EMPLOYMENT AND I RELEASE ALL PERSONS, SCHOOLS, AND EMPLOYERS OF ANY AND ALL CLAIMS FOR PROVIDING SUCH INFORMATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS MAY RESULT IN THE REJECTION OF THIS APPLICATION, OR IF HIRED, DISCIPLINE UP TO AND INCLUDING DISMISSAL. I UNDERSTAND THAT I MAY BE REQUIRED TO SIGN A CONFIDENTIALITY AND/OR NON-COMPLETE AGREEMENT SHOULD I BECOME AN EMPLOYEE OF LASATERS CORPORATION OR LASATERS COFFEE & TEA. I UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION OR CONVEYED DURING AN INTERVIEW WHICH MAY BE GRANTED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT. I UNDERSTAND THAT FILLING OUT THIS FORM DOES NOT INDICATE THERE IS A POSITION OPEN AND DOES NOT OBLIGATE LASATERS CORPORATION OR LASATERS COFFEE & TEA TO HIRE ME.

**U.S. APPLICANTS ONLY. I UNDERSTAND THAT MY EMPLOYMENT IS AT WILL, WHICH MEANS THAT IT IS FOR NO SPECIFIED PERIOD AND MAY BE TERMINATED BY MEOR LASATERS COFFEE & TEA AT ANY TIME WITHOUT PRIOR NOTICE FOR ANY REASON.**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_



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