

OPEN FLAME COFFEE CO. +ROASTERY



WWW.OPENFLAMECOFFEE.COM
307 S. AIR DEPOT BLVD. MIDWEST CITY, OK

PLEASE VISIT OUR WEBSITE TO FIND THE CURRENT
POSITIONS AND SHIFTS WE ARE HIRING FOR.

EMPLOYMENT APPLICATION:

PERSONAL INFORMATION

FULL NAME		DATE
STREET	CITY	ZIP
EMAIL		
PHONE NUMBER		DATE OF BIRTH
Are you willing to submit to a background check? yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? yes <input type="checkbox"/> No <input type="checkbox"/>	This job may require you to lift 50lbs. are you able to accomplish this? yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION HISTORY

	NAME OF SCHOOL	YEARS ATTENDED	GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS				

AVAILABILITY

Hours Available		Preferred Available	
MONDAY		MONDAY	
TUESDAY		TUESDAY	
WEDNESDAY		WEDNESDAY	
THURSDAY		THURSDAY	
FRIDAY		FRIDAY	
SATURDAY		SATURDAY	
SUNDAY		SUNDAY	

Length of time you can commit to current availability : _____

EMPLOYMENT INFORMATION

DESIRED POSITION		AVAILABLE START DATE		DESIRED PAY	
ARE YOU LEGALLY ABLE TO WORK IN THE USA? (IF YES, VERIFICATION IS REQUIRED) yes <input type="checkbox"/> No <input type="checkbox"/>		HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? yes <input type="checkbox"/> No <input type="checkbox"/>		WHEN?	
ARE YOU CURRENTLY EMPLOYED? yes <input type="checkbox"/> No <input type="checkbox"/>	IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER? yes <input type="checkbox"/> No <input type="checkbox"/>	CURRENT EMPLOYER PHONE NUMBER:			
TRAVEL OR TIME OFF IN THE NEXT 3-6 MONTHS? yes <input type="checkbox"/> No <input type="checkbox"/>	DESIRED HOURS PER WEEK	MINIMUM NEEDED HOURS PER WEEK	DESIRED SHIFT OPEN <input type="checkbox"/> MID <input type="checkbox"/> CLOSE <input type="checkbox"/>		

PREVIOUS EMPLOYMENT

Dates of Employment		Name of employer			
FROM	TO				
Job Title		contact number		Ending pay	
Reason for leaving					

Dates of Employment		Name of employer			
FROM	TO				
Job Title		contact number		Ending pay	
Reason for leaving					

Dates of Employment		Name of employer			
FROM	TO				
Job Title		contact number		Ending pay	
Reason for leaving					

PERSONAL REFERENCES

NAME	PHONE	RELATIONSHIP	YEARS KNOWN

_____ date
 applicants signature

By signing this document I verify that all the information I have provided is true and correct.