

Das Application

Das KaffeeHaus von Frau Burkhart
45 E. Columbus St.
Lithopolis, Ohio 43136
Telephone: (614) 563-8287
website: <http://www.daskaffeehaus.us>



PLEASE READ THIS BEFORE FILLING OUT THE APPLICATION FORM

A new application must be submitted for each position for which you are applying. Resumes are not accepted in lieu of an application, but may be attached for supplemental information. The completed application may be submitted to the address above.

This application form is an important part of the employment process. Candidates for any position may be eliminated based on an evaluation of the application. Please type or complete in ink as neatly and clearly as possible. Answer all questions to the best of your knowledge. You may provide as much detail as you wish by adding extra sheets of information or a resume. False, incomplete or inaccurate information is cause for immediate disqualification or discharge.

Thank you for your interest Das KaffeeHaus von Frau Burkhart.

If you need assistance completing this application, contact the Personnel Office at (614) 563-1984.

PERSONAL INFORMATION

Name: _____
Last First M.I.

Present Mailing Address: _____
Number and Street City State Zip Code

Street Address, if different from above: _____

Telephone Number: (circle one) Home or cell: _____ Business/Message: _____

May we communicate with you via e-mail? Yes No

If yes, print e-mail address: _____

Do you have a valid Drivers License? Yes No

Additional information will be required prior to employment.

GENERAL INFORMATION

Can you work legally in the United States? Yes No
If hired, documentation showing eligibility for employment in the United States and identity will be required.

Have you ever been employed by a Coffeehouse or like business? Yes No
If "yes", below please give date(s), job title(s), department location(s) and reason(s) for separation.

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Last Year Completed	Did you Graduate	List Diploma or Degree
High			<input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 2		
			<input type="checkbox"/> 3 <input type="checkbox"/> 4		
College			<input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 2		
			<input type="checkbox"/> 3 <input type="checkbox"/> 4		
College			<input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 2		
			<input type="checkbox"/> 3 <input type="checkbox"/> 4		
Other Specify			<input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 2		
			<input type="checkbox"/> 3 <input type="checkbox"/> 4		

MILITARY SERVICE RECORD

Have you served in the U.S. Military Service? Yes No

If yes, list skills acquired, including special training: _____

EMPLOYMENT EXPERIENCE

List below all present and past employment beginning with your most recent. If you held more than one position with the same employer, please list each position separately.

1	Employer	From Month/Year	To Month/Year	Work Performed
	Street Address			
	City	State		
	Phone Number of Employer			
	Job Title			
	Supervisor			
	Reason for Leaving			

2

Employer	From Month/Year	To Month/Year	Work Performed
Street Address			
City	State		
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

3

Employer	From Month/Year	To Month/Year	Work Performed
Street Address			
City	State		
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

4

Employer	From Month/Year	To Month/Year	Work Performed
Street Address			
City	State		
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

5

Employer	From Month/Year	To Month/Year	Work Performed
Street Address			
City	State		
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

Other Licenses or Certifications that may be useful to Das KaffeeHaus von Frau Burkhart:

Profession Trade: _____ Level: _____

Expiration Date: _____ Issued By: _____

Summarize any special skills or qualifications. Include knowledge, skills and abilities not shown elsewhere in this application.

Be specific. _____

Any offer of employment may be made contingent on applicant passing a job related physical examination and drug test.

It is the policy of Das KaffeeHaus von Frau Burkhart to avoid

If any of your relatives are employees or elected officials of Das KaffeeHaus vFB, please list their name and family relationship to you:

EMERGENCY CONTACTS:

Name Address Phone

Name Address Phone

Name Address Phone

AGREEMENT AND CONSENT

- 1. I certify that these answers are true and correct to the best of my knowledge.**
- 2. I UNDERSTAND THIS APPLICATION IS SUBJECT TO VERIFICATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN.** I understand that misrepresentations or omissions of fact in this application will be sufficient cause for disqualification or immediate dismissal from employment with Das KaffeeHaus vFB if I have been employed. I agree that Das KaffeeHaus vFB will not be held liable in any respect if any employment offer is not tendered, is withdrawn, or my employment is terminated due to false statements and answers in this application. I understand and agree that this application is an initial application. I understand that additional information may be required of me. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.
- 3. I understand that this application may be a public record and, upon request, may be released by Das KaffeeHaus vFB, as required by law.**
- 4. I hereby acknowledge that I have read and agree to the above statements.**

Your Name. Filling in this field constitutes an electronic signature.	Date

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status.

We are an Equal Opportunity Employer, M/F.

Das KaffeeHaus ·



von Frau Burkhart[©]



VOLUNTARY COMPLETION BY APPLICANT. NOT FOR INTERVIEW PURPOSES.

This section of the application will be **separated** from the employment application when it is received by the Personnel Office. The information provided will have **no** bearing upon your consideration for employment. The information is **ONLY** used to assist us in complying with Federal Equal Employment Opportunity record keeping and reporting requirements.

Das KaffeeHaus vFB does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or any other legally protected class in employment or the provision of services.

FAILURE TO SUPPLY THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT OR LATER ADVANCEMENT OR RE-EMPLOYMENT.

Date: _____ Position Applied For: _____ Position #: _____

Name: _____ SSN: _____

Sex: Male Female Veteran of Vietnam-era: Yes No

VETERAN of the VIETNAM-ERA means a veteran, any part of whose active military, naval, or air service, was during the period August 5, 1964 through May 7, 1975 who (i) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, or (ii) was discharged or released from active duty because of a service-connected disability.

CHOOSE the ethnic group with which you most closely identify and mark the box provided.

White Black Hispanic American Indian or Alaskan Native Asian or Pacific Islander

White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black: A person having origins in any of the black racial groups of Africa.

Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.