



THE LITTLE CAFÉ WITH LOTS OF LOCAL GOODNESS

# KATALINA'S



Last Name

First Name

Middle Initial

Address, City, State, Zip

Cell

Email

Referred by a Katalina's employee? Who?

Position(s) Applying For

Pay Desired

Date Available

FULL TIME  PART TIME

If hired, will you be able to work overtime?  YES  NO

DAYS & TIMES AVAILABLE	SUN	MON	TUES	WED	THUR	FRI	SAT
AM HOURS							
PM HOURS							

Do you have reliable transportation?  YES  NO

Do you consent to a background check?  YES  NO

Are you able to perform the essential job functions of the position without reasonable accommodations?  YES  NO

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? (A yes response does not automatically disqualify you.) If yes, explain.  YES  NO

Are you at least 18 years of age?  YES  NO

If under 18, do you have a work permit?  YES  NO

Why do you want to work at Katalina's? What makes you a good candidate?

## Education

NAME OF SCHOOL

CITY

DEGREE

GRADUATE?  YES  NO

High School

Vocation/Business/Other

College/University/Graduate School

Other Special Knowledge, Skills or Qualifications

Military Service

## References

NAME	TITLE	HOW YOU KNOW EACH OTHER?	PHONE NUMBER	EMAIL
1. _____				
2. _____				
3. _____				

## Employment

List employers, starting with most recent. All information must be completed. You may attach a resume instead of completing.

EMPLOYER	TITLE	PAY RATE/SALARY	DATES	CITY
1. _____				
2. _____				
3. _____				
4. _____				

## Certification and Authorization

The above information is true and correct.

I authorize the Company to inquire into my education, past employment history, and references as needed to research my qualifications for this position.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for the completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statement.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date