

Employee Application

CORNER
CAFE

Personal Information

please print clearly

Date: 10.13.20

First Name ASHTON Middle LYNN Last PAGE
Street Address 4505 SAINT JOHN AVE
City/State/Zip KCMO 64123 Phone 816 590-3626
Email address AMILLER92886@GMAIL.COM

How did you find out about this job? ☐ Newspaper ☐ Referral ☒ Other ONLINE
If hired, do you have a reliable means of transportation to get to work? ☒ Yes ☐ No
Are you legally authorized to work in the U.S.? ☒ Yes ☐ No (Proof of U.S. citizenship or immigration status will be required if hired.)
Minimum salary expected _____ Are you at least 16 years old? ☒ Yes ☐ No
Do you currently hold a food handler's permit that is applicable to this restaurant? ☒ Yes ☐ No

KCMO FOOD HANDLERS

Employment Data

Are you seeking: ☐ Temporary ☐ Full-time ☒ Part-time What position(s) are you applying for? SERVER
What hours and shift(s) would you prefer to work? NIGHTS DURING WEEK, DAY/MORNING
What hours and shift(s) would you prefer not to work? DAYS DURING WEEK WEEKENDS
Please indicate any shift(s) you would not be available to work. TUESDAY AND SUNDAY EVENING
Are you willing to work overtime? ☐ Yes ☐ No Weekends? ☒ Yes ☐ No Holidays? ☒ Yes ☐ No
Are you currently employed? ☒ Yes ☐ No REMOTE If hired, when would you be able to start? ASAP
What commitments do you have, or anticipate, that may affect your schedule? APRIL 12th - Tummy
We may train on days you have other obligations. Are you willing to reschedule your plans to come to training? ☒ Yes ☐ No TUCK
Have you ever worked for this organization before? ☐ Yes ☒ No If yes, name used: _____
List any friends or relatives employed by this company: NONE
If offered a position, how long do you plan to remain with us? FOREVER & A DAY!!
Have you ever been discharged or asked to resign from any position? ☐ Yes ☒ No If yes, please describe: _____

How many days have you missed from school or work in the last year other than approved vacation, sick, or disability leave? 0
How many days have you been late to school or work in the last year other than approved vacation, sick, or disability leave? 0

Education (Circle highest level attained.)

Elementary: 1 2 3 4 5 6 7 8	Secondary: 9 10 11 <u>12</u> G.E.D.	College: <u>1</u> 2 3 4 5 6 7 8
Name of School: _____	Name of School: <u>BLUESPRING</u>	Name of School: <u>MCC KC</u>
Location of School: _____	Location of School: <u>BS, MO</u>	Location of School: <u>KCMO</u>
If in high school, are you enrolled in a recognized co-op program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree & Major: <u>GENERAL</u>
If yes, identify program and school: _____		Minor: _____

Work History (Please list your last three employers. Begin with the most recent.)

1. Company EASSIST DENTAL Phone No. with Area Code ()
Address _____ City/State/Zip _____
Dates of Employment: From 05.20 To NOW Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: REMOTE
Specific reason for leaving: STILL EMPLOYED
2. Company OAK PARK FAMILY DENTAL Phone No. with Area Code (913) 492-9660
Address _____ City/State/Zip LENEXA, KS 66214
Dates of Employment: From 02.2019 To 02.2020 Salary: Beginning \$26 Ending \$26
Job Title OFFICE MANAGER Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: COVID-19
3. Company SUMMIT FAIR DENTAL Phone No. with Area Code (816) 525-2056
Address _____ City/State/Zip LEES SUMMIT, MO
Dates of Employment: From 11/2014 To 02/2019 Salary: Beginning \$16 Ending \$25 6486
Job Title OFFICE MANAGER Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: LOOKING FOR ANOTHER CHALLENGE

May we contact all of the employers listed above? ☒ Yes ☐ No If not, tell us which one(s) you do not wish us to contact and why:

How many jobs have you had in the last five years that are not listed above? 0

Why are you seeking a new position at this time? SEEKING ADD INCOME \$LOOKING FOR A CHALLENGE

We have specific requirements for personal appearance for both the dining room and kitchen:
A clean, proper uniform, no excessive jewelry or makeup, and good general hygiene.

Are you willing to comply with these requirements?

☒ Yes ☐ No

Please read the following carefully, then sign and date the application.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing. I have read, understand, and agree to the above.

Applicant's Signature

Date

10-13-20
Check over the foregoing application to make sure it is complete and signed.