○ KÉA	N App	lication _.	for Emplo	oyment p	re-Employment Q	uestionnaire Eq	nual Opportunity Employer	
APPLICANT	INFORMATION							
FULL NAME						DATE		
ADDRESS				CITY		STATE	ZIP	
PRIMARY PHO	NE NUMBER	EMAIL			HOW DID YOU	J HEAR ABOUT	TUS?	
	POSITION APPLYING FOR DATE AVAILA			BLE		DESIRED SAI	SIRED SALARY	
ARE YOU CUR	ARE YOU CURRENTLY EMPLOYED? IF SO, MAY V			TE CONTACT THEM? NAME AND			ONTACT NUMBER	
HAVE YOU EVER APPLIED TO KEAN BEFORE?				IF SO, WHEN?				
ARE YOU A CITIZEN OF THE UNITED STATES?			ES?	IF NOT A CITIZEN, ARE YOU AUTHORIZED TO WORK IN THE U.S.?				
TRANSPORTATION? PLEASE CIRCLE ONE CAR				BIKE BUS OTHER				
AVAILABILI	ГҮ							
		are available to	work (for exan	nple 5a-11p, or	r Unavailable)		PLEASE CHECK ONE	
MON	TUE	WED	THU	FRI	SAT	SUN	PART TIME?	
HOW MANY HOURS PER WEEK WOULD YOU LIKE TO WOR				K?			FULL TIME?	
EDUCATION								
		ING WITH THE	MOST CURREN	T				
SCHOOL NAME				LOCATION YEARS		DEGREE	MAJOR	
TELL US ABOUT YOURSELF! WHY DO YOU WANT TO WORK AT KEAN COFFEE?								

O YOU HAVE ANY SKILLS RELATED TO THE POSITION WHICH YOU ARE APPLYING FOR?	YES	NO
VHAT SKILLS OR QUALITIES DO YOU HAVE THAT MAKE YOU WELL SUITI	ED FOR TH	IS POSITION?

EMPLOY	MENT HIST	ORY								
LIST BELO	W THE LAST T	THREE EMPLOYERS, STAR	TING WITH YOUR MOST CURRENT							
COMPANY ADDRESS JOB TITLE			PHONE SUPERVISOR MAY WE CONTACT YOUR PREVIOUS SUPERVISOR?							
							RESPONSI	BILITIES		
							FROM	то	REASON FOR LEAVI	NG
	'									
COMPANY			PHONE							
ADDRESS			SUPERVISOR							
JOB TITLE			MAY WE CONTACT YOUR PREVIOUS SUPERVISOR?							
RESPONSI	BILITIES									
FROM	то	REASON FOR LEAVI	NG							
COMPANY			PHONE							
ADDRESS			SUPERVISOR							
JOB TITLE			MAY WE CONTACT YOUR PREVIOUS SUPERVISOR?							
RESPONSI	BILITIES		1							
FROM	то	REASON FOR LEAVI	NG							

REFERENCES							
LIST THREE PROFESSIONAL REFERENCES	WHOM YOU HA	VE KNOWN AT	LEAST ONE YEAR				
NAME		RELATIONSHI	P				
COMPANY	PHONE NUMB	ER	EMAIL	YEARS KNOWN			
	()						
NAME		RELATIONSHI	P				
COMPANY	PHONE NUMB	ER	EMAIL	YEARS KNOWN			
	()						
NAME		RELATIONSHI	P				
COMPANY	PHONE NUMB	ER	EMAIL	YEARS KNOWN			
	()						
AUTHORIZATION							
I hereby authorize Kean Coffee to contact n	-	previous emplo	oyers and other information I i	have provided here			
in relation to my application for employmen	t.						
l authorize individuals, schools, current or p		-	-	e to			
provide any relevant information regarding	my current and	d/or previous e	mployment.				
I understand that misrepresentation or omis	ssion of facts m	nay result in re	jection of this application, or i	f hired,			
discipline up to and including termination.							
I understand that nothing contained in this a	application, or o	conveyed durin	ng an interview which may be	granted is intended to			
create an employment contract.							
I understand that if employed by Kean Coffee I must provide the proper Food Handlers Certificate required by California							
state law.							
This waiver does not permit the release or t	use of disability	-related or me	edical information in a manner	prohibited			
by the Americans with Disabilities Act (ADA	A) and other re	levant federal	and state laws.				
In compliance with federal law, all persons hired will be required to verify identity and eligibility to work							
in the United States and to complete the required employment eligibility verification document form upon hire.							
		_					
SIGNATURE			DATE				