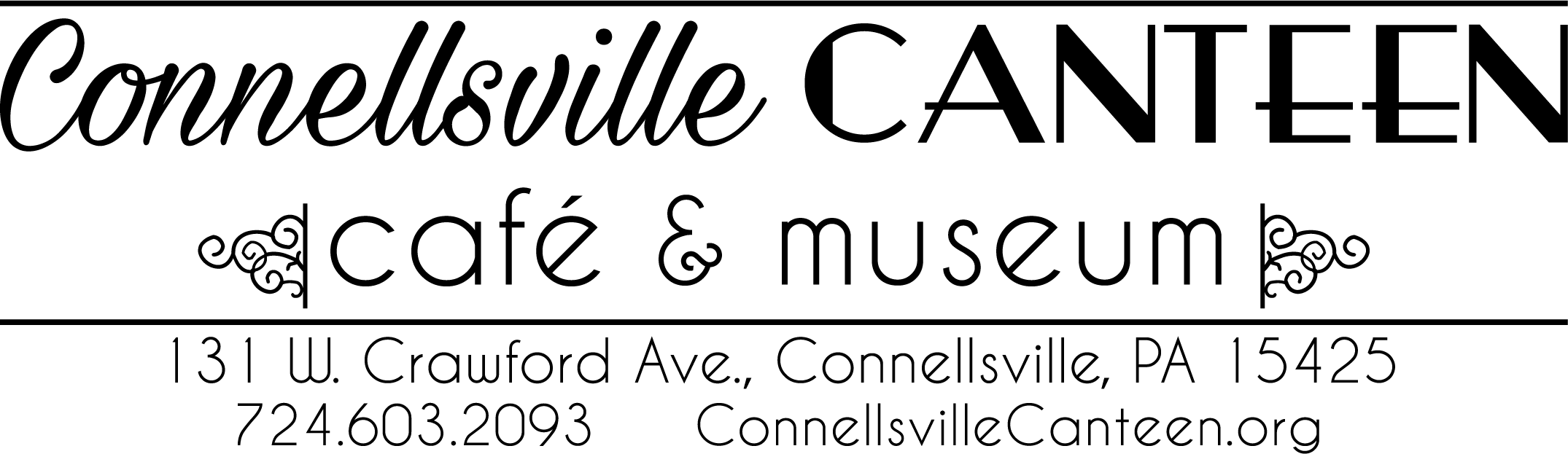
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CONNELLSVILLE CANTEEN  cafe & museum  **Application For Employment** | | | | | | | | | | Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.  The Connellsville Canteen is an Equal Opportunity Employer and is committed to excellence through diversity. | | | | |
|  | | | | | | | | | | | | | | |
| **Personal Information** | | | | | | | | | | | | | | |
| Name | | |  | | | |  | | |  | | |  | |
|  | | | | | | | | | | | | | | |
| Address | | |  | | | | City | | | State | | | Zip | |
|  | | | | | | |  | | |  | | |  | |
| Phone Number | | | Mobile Number | | | | Email Address | | |  | | |  | |
|  | | |  | | | |  | | | | | | | |
| Are You A U.S. Citizen? | | |  | | | | Are you over 18 years of age? | Do you have a Criminal Background? | | | | | | | |
| Yes | | No | | | | | Yes | | No  Yes  No | | | |  | |
| If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? | | | | | | | | | | | | | | |
| Yes | | No | | | | |  | |  | | | |  | |
|  | | | | | | | | | | | | | | |
| **Position** | | | | | | | | | | | | | | |
| Position You Are Applying For | | | | | | | Available Start Date | | |  | | | Desired Pay | |
|  | | | | | | |  | | | | | |  | |
| Employment Desired | | |  | | | |  | | |  | | |  | |
|  | |  | Full Time | |  | | Part Time | |  | Event Staff | | |  | |
|  | | | | | | | | | | | | | | |
| **Shift Availability** | | | | | | | | | | | | | | |
|  | Monday | | | Tuesday | | Wednesday | | Thursday | | | Friday | Saturday | | Sunday |
| From |  | | |  | |  | |  | | |  |  | |  |
| To |  | | |  | |  | |  | | |  |  | |  |
|  | | | | | | | | | | | | | | |
| **Education** | | | | | | | | | | | | | | |
| School Name | | | | Location | | | Years Attended | | | Degree Received | | | Major | |
|  | | | |  | | |  | | |  | | |  | |
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| **[** | | | | | | | | | | | | | | |
| **References** | | | | | | | | | | | | | | |
| Name | | | | | | | Title | | | Company | | | Phone | |
|  | | | | | | |  | | |  | | |  | |
|  | | | | | | |  | | |  | | |  | |
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|  | | | | | | |  | | |  | | |  | |
| **Employment History** | | | | | | | | | | | | | | |
| **Employer (1)** | | |  | | | | Job Title | | |  | | | Dates Employed | |
|  | | | | | | |  | | | | | |  | |
| Work Phone | | |  | | | | Starting Pay Rate | | |  | | | Ending Pay Rate | |
|  | | | | | | |  | | | | | |  | |
| Address | | |  | | | | City | | | State | | | Zip | |
|  | | | | | | |  | | |  | | |  | |
| Job Duties: | | | | | | | | | | | | | | |
| **Employer (2)** | | |  | | | | Job Title | | |  | | | Dates Employed | |
|  | | | | | | |  | | | | | |  | |
| Work Phone | | |  | | | | Starting Pay Rate | | |  | | | Ending Pay Rate | |
|  | | | | | | |  | | | | | |  | |
| Address | | |  | | | | City | | | State | | | Zip | |
|  | | | | | | |  | | |  | | |  | |
| Job Duties: | | | | | | | | | | | | | | |
| **Employer (3)** | | |  | | | | Job Title | | | | | | Dates Employed | |
|  | | | | | | |  | | | | | |  | |
| Work Phone | | |  | | | | Starting Pay Rate | | |  | | | Ending Pay Rate | |
|  | | | | | | |  | | | | | |  | |
| Address | | |  | | | | City | | | State | | | Zip | |
|  | | | | | | |  | | |  | | |  | |
| Job Duties: | | | | | | | | | | | | | | |
| **Employer (4)** | | |  | | | | Job Title | | |  | | | Dates Employed | |
|  | | | | | | |  | | | | | |  | |
| Work Phone | | |  | | | | Starting Pay Rate | | |  | | | Ending Pay Rate | |
|  | | | | | | |  | | | | | |  | |
| Address | | |  | | | | City | | | State | | | Zip | |
|  | | | | | | |  | | |  | | |  | |
| Job Duties: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Signature Disclaimer** | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | | | | | | | | | | | | | |
| Name (Please Print) | | |  | | | | Signature | | | | | | | |
|  | | | | | | |  | | | | | | | |
| Date | | |  | | | |  | | | | | | | |
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