

Java Stop Espresso
921 21st St
Lewiston, ID 83501

Name: _____ Referred by: _____
Address: _____
Phone Number: _____ Email: _____

Previous Employer Information: (List below last four employers, starting with last one first)

Date Month and year	Name & Phone Number of Employer	Position	Reason for Leaving

References: (List below three persons not related to you, whom you have known at least one year)

Name	Phone Number	Business	Years Known

Schedule Availability: (List below any prior weekly commitments, including school and other employment. If more space is needed, please attach a schedule to application.)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

“I certify that the information provided in this application is true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be considered grounds for dismissal.

I authorize inquiries of all statements provided and the references and employers listed above to give you any and all information concerning my previous employment and any information they may have, personal or otherwise, and release the company from all liability or any damage that may result from utilization of such information.”

Signature: _____

Date: _____