



The Courthouse Café & Collectibles

219 South Main, Waterloo, IL 62298 (618) 939-5995

www.courthousecafecollectibles.com

e-mail: info@courthousecafecollectibles.com

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

WE ARE AN EQUAL OPPORTUNITY EMPLOYER, DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, SEX, RELIGION, NATIONAL ORIGIN, DISABILITY, SEXUAL ORIENTATION, OR ANY OTHER BASIS PROHIBITED BY FEDERAL OR STATE LAW.

WE HAVE HIGH STANDARDS FOR OUR EMPLOYEES AND COMPLIANCE WITH THESE STANDARDS IS A CONDITION OF EMPLOYMENT. BEFORE COMPLETING THE APPLICATION, CAREFULLY CONSIDER WHAT WE REQUIRE OF OUR EMPLOYEES BEFORE INITIATING THE APPLICATION.

CUSTOMER SERVICE EXPECTATIONS IF APPLYING FOR SERVER FRONT END POSITION

CHECK THE BOXES BELOW IF YOU ARE WILLING TO DELIGHT EVERY CUSTOMER IN THE FOLLOWING WAYS, INCLUDING BUT NOT LIMITED TO:

- | | |
|---|---|
| <input type="checkbox"/> GREETING EACH CUSTOMER WITH EYE CONTACT AND A SMILE | <input type="checkbox"/> THANKING CUSTOMERS AND INVITING THEM TO RETURN |
| <input type="checkbox"/> INTERACTING WITH CUSTOMERS USING POSITIVE COMMUNICATIONS AND PERSONAL ASSISTANCE | <input type="checkbox"/> EXPEDITING TRANSACTIONS AND REQUESTS QUICKLY |
| <input type="checkbox"/> MAKING RECOMMENDATIONS AND PURCHASE SUGGESTIONS | <input type="checkbox"/> USING PROPER PHONE ETIQUETTE |

JOB EXPECTATIONS FOR ALL POSITIONS

CHECK THE BOXES BELOW IF YOU ARE WILLING TO FOLLOW OUR STANDARDS OF PROFESSIONALISM, INCLUDING BUT NOT LIMITED TO:

- | | |
|--|---|
| <input type="checkbox"/> ARRIVING AT YOUR SCHEDULED TIMES AND MAINTAINING A POSITIVE ENTHUSIASTIC ATTITUDE | <input type="checkbox"/> MEETING QUALITY AND QUANTITY STANDARDS |
| <input type="checkbox"/> TREATING CO-WORKERS WITH RESPECT AND BEING HONEST AND DEDICATED IN ALL YOUR WORK | <input type="checkbox"/> MAINTAINING A PROFESSIONAL APPEARANCE AND MEETING COMPANY DRESS CODE |
| <input type="checkbox"/> COMPLETING NECESSARY TRAINING AND ROLE PLAYING REQUIREMENTS | <input type="checkbox"/> COMPLYING WITH A WORK SCHEDULE THAT INCLUDES NIGHTS, WEEKENDS AND HOLIDAYS |
| <input type="checkbox"/> FOLLOWING COMPANY POLICIES, PROCEDURES AND MANAGEMENT DIRECTION | |

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		TODAY'S DATE	
ADDRESS	CITY	STATE	ZIP CODE
LAND LINE PHONE NUMBER OR CELL PHONE NUMBER		REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FOR EACH DAY LISTED, INDICATE WHAT HOURS YOU CAN WORK. ANY CHANGES IN AVAILABILITY AFTER EMPLOYMENT MUST BE APPROVED BY THE STORE MANAGER (1ST SHIFT - 6:00AM - 2:00PM; 2ND SHIFT - 2:00PM - 10:00PM; 3RD SHIFT - 10:00PM - 6:00AM).		
SUNDAY: <input type="checkbox"/> ANY HOURS <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	THURSDAY: <input type="checkbox"/> ANY HOURS <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	
MONDAY: <input type="checkbox"/> ANY HOURS <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	FRIDAY: <input type="checkbox"/> ANY HOURS <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	
TUESDAY: <input type="checkbox"/> ANY HOURS <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	SATURDAY: <input type="checkbox"/> ANY HOURS <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	
WEDNESDAY: <input type="checkbox"/> ANY HOURS <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	If Needed – Can Or Would You Work Double Shifts (Yes or N)	

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH
WORK OR SPECIAL TRAINING/SKILLS

ARE YOU AVAILABLE TO WORK HOLIDAYS? YES NO

ARE YOU ABLE TO WORK OVERTIME? YES NO

ARE YOU WILLING TO WORK 4 DAYS A WEEK IF YOU COULD GET 36 OR MORE HOURS PER WEEK? YES NO

WHY WOULD YOU LIKE TO WORK FOR US?

DESCRIBE A SPECIFIC SITUATION WHERE YOU PROVIDED EXCELLENT CUSTOMER SERVICE IN YOUR CURRENT POSITION. WHY WAS THIS EFFECTIVE?

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

I declare that the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that if employed, and falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of my employment.

I authorize you to verify any and all information listed above, including references, employment history, and education. I release all parties from all liability from any damage that may result from furnishing the requested information to you.

I acknowledge that, at any time during my employment, I may be subject to incident-based substance abuse testing.

I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or by the company at any time without prior notice for any reason.

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate that there is a position open and does not obligate the company to hire me. No company representative has the authority to make any contrary agreement.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE _____ SIGNATURE _____