Early Bird Cafe

Applicant Information

	Full Name:						DOB:	/ /	
				Last		First M.I.	•		
	Address:								
		Street Address						Apartment/Unit #	
	City			State			Zíp Code		
	Phone:		Email:						
	Are you a cit United State		○Yes	○No	If no, are you author in the U.S.?	ized to work	○Yes	○No	
	Have you ev	er been convicted o	of a felony?		○Yes ○No				
				Refe	<u>erences</u>				
Name:	Company and Position:								
Phone:				E	mail:				
Name:		Company and Position:							
Phone:	Email:								
Name:		Company and Position:							
Phone:			_	Em	ail:				

Availability

Please check the boxes in which you are available, if you are available for all of them leave this portion blank. Note, this is not a definite or set schedule.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10am							
11am							
12pm							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							
12am							

	sired hours per wee	d hours per week	ŀ	ed	sir	es)	D
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Disclaimer and Signature

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 interview may result in my release.	in my application or
Signature:	Date: