Personal Information (please print)

Name Last First Middle Initial

Present Address

StreetCity State Zip Code

Phone Number ( )

Specify Hours Available to Work

Sunday Monday Tuesday

Wednesday Thursday Friday

Saturday

Are you currently going to school/Where?

Do you have experience as a Barista? Bartender?

Describe a situation in which you solved a problem at work, with a customer or in your personnel life.

Former Employers

Date worked Position

Former Employers

Date worked Position

Former Employers

Date worked Position