



Employment Application

124 South Business IH 35
New Braunfels, Texas 78130
www.adobecafenb.com

PLEASE COMPLETE ALL INFORMATION				DATE _____	
Name _____					
Last	First	Middle	Maiden		
Present address _____					
Number	Street	City	State	Zip	
How long at present address _____		Social Security No. ____ - ____ - ____			
Telephone () -		EMAIL: _____			
Are you over the age of 18? _____		Position applied for _____			
Salary desired (Be specific) _____					
Days/hours available/willing to work					
No Pref _____		Thu _____		How many hours can you work weekly? _____	
Mon _____		Fri _____		Can you work nights and weekends? _____	
Tue _____		Sat _____			
Wed _____		Sun _____			
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME					
When are you available for work? _____					

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

PLEASE PRINT ALL INFORMATION REQUESTED

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Do you have transportation to work? _____

Driver's license number _____ State of issue _____

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Restaurant Experience

Restaurant Experience?

Yes No

Type _____ Location _____

Restaurant Skills _____

Please list two references other than relatives or previous employers.

Name _____
Position _____
Company _____
Address _____

Telephone _____

Position _____
Company _____
Address _____

Telephone _____

Name _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**PLEASE PRINT ALL
INFORMATION REQUESTED**

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No
 Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list any job related positions or your work experiences beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From To	Start Final
	Your Last Job Title		
Reason for Leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while at this company			
Name of Employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From To	Start Final
	Your Last Job Title		
Reason for Leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while at this company			

May we contact your present employer? Yes No

If not, why? _____

Did you complete this application yourself Yes No

If not, who did and why? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Adobe Cafe** (hereinafter called “the Company”), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **Adobe Cafe**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner /General Manager of the Company. Both the undersigned and **Adobe Cafe** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. **I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.** I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, **Adobe Cafe**, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. I also understand that I may be required to sign a “Non-Disclosure/Non-Compete” form for proprietary and intellectual information. I also understand that I will be required to obtain a health license at the local health department at my own expense. Uniforms are required and I will be required to wear khaki pants and shoes, or provide the adequate uniform for my position. **I further understand that my employment with the Company shall be probationary for a period of ninety (90) days**, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party. **I also understand that within a 3 week period of the start of my employment I will pay for and attend a health class presented by the Department of Health in New Braunfels. I understand that the cost for this class is my personal responsibility to remain employed with Adobe Cafe.**

Signature of applicant _____ Date: _____

Adobe Cafe is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. Thank you for completing this application form and for your interest in our business and joining our team. Please mail or return by hand to the address located on the first page of this application.