

# Filipino Cafe Application Form

**Please review all questions carefully before preparing your application.**

POSITION (Job title)				
NAME (Last, First, and Middle Initial)			SOCIAL SECURITY NO. (Used for processing -Optional)	
MAILING ADDRESS (Include apartment number, if any)		E-MAIL ADDRESS		HOME TELEPHONE
CITY	COUNTY	STATE	ZIP	WORK (or message) TELEPHONE

## Employment Preferences:

- Are you willing to travel as part of this job?     YES     NO
- Check types of employment you will accept:
 

<b>SHIFT</b>		<b>SCHEDULE</b>					
<input type="checkbox"/> DAY	<input type="checkbox"/> SWING	<input type="checkbox"/> GRAVEYAR	<input type="checkbox"/> ROTATING	<input type="checkbox"/> FULL-TIME PROJECT	<input type="checkbox"/> PART-TIME SEASONAL	<input type="checkbox"/> TEMPORARY INTERMITTENT (On-Call)	<input type="checkbox"/> TANDEM/Shared

## Part 2. BACKGROUND INFORMATION

- If a driver's license or other license, certificate, or registration is required for this position, please complete the following:
- Other than English, what languages do you speak, read, or write fluently?

License, Certificate, or Registration	License Number	Expiration Date
Driver's License		

- Have you been convicted of a misdemeanor or felony within the past ten (10) years that might unfavorably affect your fitness for this job? *(Answering yes will not automatically bar you from employment).*

YES     NO

## Part 3. EDUCATION AND TRAINING

### Review of education:

- Have you graduated from high school or passed the GED?     YES     NO
- List college, business school, military training, and other relevant education.

School Name and Location	Month and Year Attended	Credits Earned			Major	Type of Degree Awarded	Year degree received
		Quarter	Semester	Other (Specify)			
1	From    /						
	To        /						
2	From    /						
	To        /						
3	From    /						
	To        /						

## Part 4. EMPLOYMENT HISTORY

This section must be completed in order to receive full credit. You may use this form for both volunteer and paid experience. For volunteer work, 174.3 hours equals one month of experience. If you need more spaces, see next page.

1. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Immediate Supervisor's Name		Reason for Leaving		Volunteer (4) <input type="checkbox"/>	Number of Employees Supervised
Specific Duties:					
2. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Immediate Supervisor's Name		Reason for Leaving		Volunteer (4) <input type="checkbox"/>	Number of Employees Supervised
Specific Duties:					
3. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Immediate Supervisor's Name		Reason for Leaving		Volunteer (4) <input type="checkbox"/>	Number of Employees Supervised
Specific Duties:					
4. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Immediate Supervisor's Name		Reason for Leaving		Volunteer (4) <input type="checkbox"/>	Number of Employees Supervised
Specific Duties:					
5. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Immediate Supervisor's Name		Reason for Leaving		Volunteer (4) <input type="checkbox"/>	Number of Employees Supervised
Specific Duties:					
6. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week
Immediate Supervisor's Name		Reason for Leaving		Volunteer (4) <input type="checkbox"/>	Number of Employees Supervised
Specific Duties:					

## Part 5. DATE AND SIGNATURE

**TO BE ACCEPTED, YOU MUST SIGN AND DATE THIS APPLICATION.**

All answers and statements are true and complete to the best of my knowledge. I understand that Filipino Cafe may verify information, and that untruthful or misleading answers are cause for rejection of this application, or dismissal if employed.

\_\_\_\_\_  
Date (Month/Day/Year)

\_\_\_\_\_  
Signature



would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

**White/Caucasian.** A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

**Vietnam-era Veteran.** A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.

## Part 7. VETERAN'S INFORMATION

- |  |  |
|--|--|
| <p>1. Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?<br/> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>2. Were you discharged within the last 15 years?<br/> <input type="checkbox"/> No <input type="checkbox"/> Yes, type of discharge: _____</p> <p>3. Are you receiving a monthly military retirement benefit?<br/> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>4. Did you serve in the Republic of Vietnam?<br/> <input type="checkbox"/> No <input type="checkbox"/> Yes, Date: _____</p> <p>5. Did you serve in the US Armed Forces between August 6, 1964 and May 7, 1975?<br/> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>6. Do you have a service-connected disability?<br/> <input type="checkbox"/> No <input type="checkbox"/> Yes, List percent of disability: _____<br/> Were you discharged because of this disability?<br/> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>7. List campaign, expeditionary, or service medals received.<br/> _____</p> | <p>8. Are you presently the spouse of a disabled veteran?<br/> <input type="checkbox"/> No <input type="checkbox"/> Yes, list percent of spouse's disability: _____</p> <p>9. Are you the surviving spouse of a veteran who died from service related activities?<br/> <input type="checkbox"/> No <input type="checkbox"/> Yes<br/> List campaign, expeditionary, or service medals spouse received:<br/> _____</p> <p>10. If you are a surviving spouse, have you remarried?<br/> <input type="checkbox"/> No <input type="checkbox"/> Yes, Date: _____</p> <p>11. Please list dates of your (or spouse's) active military service:<br/> Date Entered:                      Branch:                      Date Separated:<br/> /   /                                      _____                      /   /<br/> /   /                                      _____                      /   /</p> |
|--|--|

### *Thank you for submitting this employment application...*

To ensure that your application is processed quickly, please review it to be certain that you have answered all questions. Take a moment to review all documents that you wish to include. If required, have you included copies of official documents, such as military discharges? Please make sure you sign and date your application. A final review now will enable us to evaluate your application more quickly and efficiently.