

Downtown Cabin Fever Coffee | cabinfevercoffee@gmail.com

312 Clinton St. Defiance, OH 43512...419-782-5400



Personal Information

Name _____ Date _____

Address _____

Phone _____ Date of Birth _____

E-Mail _____

Availability

How many hours a week are you willing/able to work? _____

Which days are you available? Mark as AM | PM | ALL

Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

Are you currently employed? _____ If so, where _____

List your most recent employer:

Company _____ Supervisor _____

Address _____ Job Description _____

Phone _____ Start Date _____ Ending Date _____

Why did you leave _____

Extra Information

Have you ever worked with money or customers in any capacity? If yes, which and how?

Have you ever worked in a coffee shop? _____

Special training or skills you feel qualify you for working at the Cabin? _____

List three of your best qualities that would make us want to hire you for this job:

What does customer service mean to you? _____

What is your favorite coffee drink? _____

I certify that the facts stated in this application are true to the best of my knowledge. I authorize investigation of all statements in this application and the references listed above to give you any and all information concerning my previous employment.

Signature _____ Date _____