



a ministry of
Mission Hills Church

Employment Application

620 SouthPark Drive • Littleton, Colorado 80120-5675
Phone 303.953.7177 • Fax 303.798.9373 • Website www.MissionHills.org

All offers of employment are subject to verification of your legal right to work in the United States.
If offered employment, you will be notified of the proof you must submit to Peakview Coffee
to establish your right to work in the United States.

Please complete all portions of this application. Information will be treated in confidence. Please DO NOT use pencil and print legibly.

Desired Position _____ Date Available _____ Today's Date _____

First Name _____ Middle Name _____ Last Name _____ Have you used any other assumed name or other name? Yes No
If yes, please list below.

Other names I am known by: _____

Telephone # _____ Cell Phone # _____ E-mail Address _____

Present Address – Street and Number, City, State, Zip Code _____

Previous Address (if at current address less than one year) – Street and Number, City, State, Zip Code _____

If you are a minor, please list the name(s) and address of your parent(s) or guardian(s): _____

CONVICTION OF A CRIME WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No If yes, state the nature of the crime(s), when and where convicted, and disposition of the case.

Note: No applicant will be denied employment solely on the grounds of a criminal offense. The nature and date of the offense, circumstances and relevance of the offense to the position(s) being applied for will, however, be considered.

Have you previously applied for employment at Peakview Coffee? If yes, state when.
 Yes No

Have you previously been employed by Peakview Coffee? If yes, state when.
 Yes No

Names of relatives or friends employed by Peakview Coffee: _____

Who referred you for employment at Peakview Coffee? _____

Are you capable of performing the essential functions of the job for which you are applying? Yes No

Do you have any tatoos or piercings that will be visible when wearing Peakview Coffee attire: Yes No If yes, please describe: _____

EDUCATION AND TRAINING – PRE-EMPLOYMENT (includes current course, if any)

School	Name and Location	Years Attended	Grad?	Degree
High School		Not necessary for high school	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grad School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Peakview Coffee operates six days a week (closed on Saturdays). Are you available to work all days and all shifts? Yes No If not, list the days and shifts you are unable to work.

What skills and experience can you bring to this position which you feel might be helpful?

IMPORTANT

PLEASE FILL OUT "PREVIOUS EMPLOYMENT" SECTION BELOW COMPLETELY. INCLUDE COMPLETE ADDRESSES WITH ZIP CODES.

PREVIOUS EMPLOYMENT		MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Period of Employment	Employer's Name, Full Address, and Phone	Describe Duties (Attach resume or additional pages if desired)	Monthly Salary	Office Use
1. Present/Last Position			Beginning \$	References Checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Ending \$	
From (month/year)	Position/Title			
To (month/year)	Immediate Supervisor	Reason For Leaving		
2. Present/Last Position			Beginning \$	References Checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Ending \$	
From (month/year)	Position/Title			
To (month/year)	Immediate Supervisor	Reason For Leaving		
3. Present/Last Position			Beginning \$	References Checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Ending \$	
From (month/year)	Position/Title			
To (month/year)	Immediate Supervisor	Reason For Leaving		
4. Present/Last Position			Beginning \$	References Checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Ending \$	
From (month/year)	Position/Title			
To (month/year)	Immediate Supervisor	Reason For Leaving		

I agree that:

1. You may request each employer, person, company or school names above to answer all questions that may be asked and to give all information that may be sought in connection with this application or concerning me or my work habits, character, skill or action in any transaction.
2. Any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or for separation from the company's service if I have been employed.
3. If employed, my employment may be terminated by the company or me at any time without prior notice and with or without cause. I understand that any agreement contrary to the foregoing must be in writing and signed by the Manager of the company in order to be valid.

I certify that all statements made in this application are true.

Signature of Applicant Date

DO NOT WRITE BELOW THIS LINE
