

EST. 2007

# THE BLEND

COFFEE + COMMUNITY

WASHINGTON, IL

## EMPLOYMENT APPLICATION

1130 Peoria St. • Washington Illinois  
(309) 444-3700

Complete all sections of the application. This application is current only for 60 days at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application. All employees of THE BLEND may be required to pass a pre-employment drug test, a background investigation and **successfully complete a 90-day introductory period.**

Name \_\_\_\_\_

Referral \_\_\_\_\_

Position Desired: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Desired # of Hours:  Full-Time  Part-Time  Either

Shift Preferred:  Day  Evening  Any

Please list ANY days and times that you are **NOT** available (i.e. classes, other employment, other commitments)

Name: \_\_\_\_\_  
Last, First Middle

Mailing Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Have you ever worked at THE BLEND before:  Yes  No If so, dates: \_\_\_\_\_

Have you ever been convicted of any crime other than minor traffic violations:  Yes  No  
(Note: A yes response will not necessarily preclude you from employment)

If so, list the nature of offense: \_\_\_\_\_

EDUCATION

High School Diploma or GED?  Yes  No **MUST BE 18 YRS OR OLDER OR A GRADUATING SENIOR**

College: Name/Address	Credits/Semester Hrs.	Years Completed	Degree: Yes/No

Job Related Special Skills and Qualifications (Summarize special job-related skills, qualifications and certificates acquired from employment, education or other experience): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why would you like employment at The Blend?

What do you see yourself doing for the next few years?

**PLEASE CONTINUE TO EMPLOYMENT HISTORY. IF THIS IS LEFT BLANK, YOUR APP WON'T BE CONSIDERED**

EMPLOYMENT HISTORY

Begin with **current or most recent** employer. Please make sure you list all employment related to the position in which you are applying for. Use additional sheets if necessary.

May we contact your current employer?  Yes  No

May we contact previous employers?  Yes  No

Employer: \_\_\_\_\_ From: (Mo/Yr.) \_\_\_\_\_ To: (Mo/Yr.) \_\_\_\_\_

Address: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

\_\_\_\_\_ Average Hours per Week: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Supervisor's Name & Telephone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ From: (Mo/Yr.) \_\_\_\_\_ To: (Mo/Yr.) \_\_\_\_\_

Address: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

\_\_\_\_\_ Average Hours per Week: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Supervisor's Name & Telephone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ From: (Mo/Yr.) \_\_\_\_\_ To: (Mo/Yr.) \_\_\_\_\_

Address: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

\_\_\_\_\_ Average Hours per Week: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Supervisor's Name & Telephone Number: \_\_\_\_\_

Duties: \_\_\_\_\_

## REFERENCES

Give the name, address and telephone number of three references who are not related to you, or former supervisors:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_