Please attach completed form along with your resume and email to <a href="mailto:lumidessertcafe@gmail.com">lumidessertcafe@gmail.com</a>

## **EMPLOYMENT APPLICATION**



GENERAL INFORMATION														
Last Name		First Name		MI		Social Security #		ł		Date of Birth				
Address				City	•				State			Zip Code		
Mobile Nun	nber	Phone Number			Email Address									
Are you legally eligible for employment i										☐ Ye		s □ No		
Are you ove				provincial law )				□ Ye		s 🗆 No				
(LUMI Dessert Cafe is required to comply with federal, state, or provincial law.)  AVAILABLITY														
When are y		Would you work holidays an  ☐ Yes ☐ No						or w	veeken	ds?				
How many hours are you looking to wor						Hours	□ 16-2		□ 20	Hours	Hours 35+ hou			
HOURS AVAILABLE														
	Sunday	Monday	y Tuesday			Wed	Wednesday Thurs		day	ay Friday		Saturday		
From (Time)														
To (Time)														
<b>EMPLOYME</b>	NT (List mos	st recent job fi	irst)					ı						
Name of Employer				osition	n	Dates of Em				ploy	oloyment			
What were		Reason for Leaving												
Manager's Name May we use as r  ☐ Yes ☐ N				rence	?	Contact Information								
Name of Employer				osition	n	Dates of Employment								
What were	<u> </u>			Reason for Leaving										
Manager's Name May we use as r  ☐ Yes ☐ N				rence	?	Contact Information								
EMERGENCY CONTACT														
Name				elatio	nshi	p Phone			Number					
Name				elatio	nshi	Phone Nur			Numb	nber				
DISCLAIME	R AND SIGNA	ATURE												
	I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.													
Signature									-		Date			