



Employment Application

We will consider your application for a period of 30 days from the date you signed the application. If you wish to be considered for positions that become available after 30 days, you must re-apply.

APPLICANT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	DATE
ADDRESS		CITY	STATE & ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS	POSITION APPLYING FOR

PERSONAL INFORMATION

1. Have you ever applied for or worked for Rogers Family Company? If yes, when? _____ Yes No
2. If hired, can you present evidence that you are legally authorized to work in the U.S.? Yes No
3. Are you 18 or older? (If you are under 18, hire is subject to verification that you are of minimum legal age.) Yes No
4. Do you have any friends or relatives working for San Francisco Bay Gourmet Coffee? If yes, state name(s) and relationship below: Yes No
 Name & Relationship: _____
 We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, or morale, or if doing so could create conflicts of interest.
5. If hired, would you have a reliable means of transportation to and from work? Yes No
6. Do You have a valid State Driver's License (for driving positions only) for the state where you will be working in? Yes No
7. Have you ever been discharged or asked to resign from any position for misconduct or unsatisfactory performance? If "yes," please explain. Yes No
8. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No
 If "no," describe the essential functions that cannot be performed:

Rogers Family Company complies with the ADA/FEHA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform the essential functions of the position applied for. Hire may be subject to passing a medical examination, and to skill and agility tests.

San Francisco Bay Gourmet Coffee is proud to be an equal opportunity employer. All qualified applicants will receive consideration without regard to race, color, religion, sex, sexual orientation, gender identity, national origin or veteran status or any other status protected by law.

PERSONAL INFORMATION CONTINUED

10. On what day would you be available to start work?

Rogers Family Company runs varied shifts. Do you have any schedule limitations? Yes No

If yes, please specify times you are not able to work in the chart below:

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

EDUCATION/TRAINING

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	DEGREE OR DIPLOMA / SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE/BUS. SCHOOL				

EMPLOYMENT HISTORY

Please complete for all full-time or part-time employment **beginning with most recent employer**. Include active military assignments and voluntary employment and provide ten (10) years of history. Please explain any gaps in your employment. You must complete this section even if attaching a resume.

Are you currently employed? Yes No

If yes, may we contact your current employer for a reference? Yes No

MOST RECENT EMPLOYER	COMPANY NAME	PHONE	NAME OF SUPERVISOR	JOB TITLE
	ADDRESS		CITY	STATE & ZIP
	DATES EMPLOYED FROM: TO:	RATE OF PAY START: LAST:	HOURLY SALARIED	May we contact this employer for a reference? Yes No
	REASON FOR LEAVING			
	DESCRIBE DUTIES/RESPONSIBILITIES			
2ND MOST RECENT EMPLOYER	COMPANY NAME	PHONE	NAME OF SUPERVISOR	JOB TITLE
	ADDRESS		CITY	STATE & ZIP
	DATES EMPLOYED FROM: TO:	RATE OF PAY START: LAST:	HOURLY SALARIED	May we contact this employer for a reference? Yes No
	REASON FOR LEAVING			
	DESCRIBE DUTIES/RESPONSIBILITIES			

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3RD EMPLOYER	COMPANY NAME	PHONE	NAME OF SUPERVISOR	JOB TITLE
	ADDRESS		CITY	STATE & ZIP
	DATES EMPLOYED FROM: TO:	RATE OF PAY START: LAST:	HOURLY SALARIED	May we contact this employer for a reference? Yes No
	REASON FOR LEAVING			
	DESCRIBE DUTIES/RESPONSIBILITIES			

4TH EMPLOYER	COMPANY NAME	PHONE	NAME OF SUPERVISOR	JOB TITLE
	ADDRESS		CITY	STATE & ZIP
	DATES EMPLOYED FROM: TO:	RATE OF PAY START: LAST:	HOURLY SALARIED	May we contact this employer for a reference? Yes No
	REASON FOR LEAVING			
	DESCRIBE DUTIES/RESPONSIBILITIES			

REFERENCES

PLEASE LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE.

REFERENCE 1	FIRST NAME	LAST NAME	PHONE	# OF YEARS ACQUAINTED
	COMPANY		OCCUPATION	
	ADDRESS		CITY	STATE & ZIP

REFERENCE 2	FIRST NAME	LAST NAME	PHONE	# OF YEARS ACQUAINTED
	COMPANY		OCCUPATION	
	ADDRESS		CITY	STATE & ZIP

REFERENCE 3	FIRST NAME	LAST NAME	PHONE	# OF YEARS ACQUAINTED
	COMPANY		OCCUPATION	
	ADDRESS		CITY	STATE & ZIP

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APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION

Please Read Below Carefully, Initial Each Paragraph Where Shown and Sign:

_____ Initial	I certify that the information that I have entered on this application, on any resume submitted, in any attachments(s) to this employment application, other supplementary materials provided by me, is true and complete to the best of my knowledge. I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that false, misleading or omitted information can result in refusal of employment, or immediate discharge if I am employed, regardless of the time elapsed before discovery. I understand that if I am offered employment and accept, this completed employment application becomes part of the terms and conditions of employment. I further certify that I, the undersigned applicant, have personally completed this application. If hired, I agree to comply with all rules, regulations and operating procedures established by the Company.
_____ Initial	I authorize SFB Gourmet Coffee to thorough investigate my references, previous employment, educational background, criminal record, (where applicable to the position applied for) my driving record, and other matters related to my suitability for employment. I further authorize the references I have listed to disclose to SFB Gourmet Coffee any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I agree to cooperate in such an investigation and to execute any consent forms required in connection with those investigations. I understand that employment is conditional based on investigation results. In addition, I hereby release SFB Gourmet Coffee, my former employers and all other persons, corporations, partnerships and associations requesting or supplying such information from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
_____ Initial	I understand that nothing contained in this Employment Application, or conveyed during any interview which may be granted (or during my employment if hired) is intended to create an employment contract between me and SFB Gourmet Coffee. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's President.
_____ Initial	I understand that the Company has a drug free workplace and has a drug and/or alcohol testing program consistent with applicable federal, state, and local law. I understand that before any offer of employment is finalized, I will be required to submit to a urine drug screen, at a Company selected facility, at the Company's expense. If I am given a conditional offer of employment, I understand that if drug and/or alcohol test results demonstrate the presence of illegal drugs or non-prescribed controlled substances, I will not be permitted to start work for the Company, or I will be terminated if I have already started working.
_____ Initial	I have read and understand the above statements and conditions of employment.

APPLICANT'S SIGNATURE

DATE

Name and number of person completing this form if other than applicant:

PRINT NAME

NUMBER

***Persons with disabilities requiring accommodations for interviews may direct their request to the hiring department at the time an interview is scheduled.**

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Work skills. Check all applicable.

Habilidades de trabajo. Marque todas las habilidades que apliquen

<input checked="" type="checkbox"/>	General	YOE	<input checked="" type="checkbox"/>	Equipment	YOE
	Auct. Driver			Cherry Picker	
	Carpenter			Drill	
	Electrician			Electric Jack	
	Fabricator			Fklift Sitdown	
	HVAC			Fklift Standup	
	Janitor			Nail Gun	
	Painter			Scissor Lift	
	Mechanic		<input checked="" type="checkbox"/>	Clerical	YOE
	Farming			Accts. Receivable	
	Sanitation			Accts. Payable	
	Sewing Welder			Billing	
	Safety			Bookkeeping	
	First Aid			Clerical	
	CPR			Collections	
	Lead/Supervisor			Customer Service	
	Barista/Food Prep			Data Entry	
	Manager			Word	
				Excel	
<input checked="" type="checkbox"/>	Warehouse/Manuf.	YOE		PowerPoint	
	Assembler			Publisher	
	Cycle Count			Fax	
	Distribution			Filing	
	Electric Assembler			Invoicing	
	Inventory			Payroll	
	Inspector			Receptionist	
	Quality Control			Telemarketing	
	Load/Unload			Typing	
	Machine Operator			Wpm:	
	Mechanical Assembler			Outlook	
	Order Puller			Windows	
	Packager			FD6	
	Production			NAV/ERP	
	Receiving			COGNOS	
	RF Scanner			SOLO	
	Shipping			OneNote	
	Shrink Wrap		<input checked="" type="checkbox"/>	Other	YOE
	USPS/FedEx/UPS				
	Bottling				
	Coffee Roaster				
	Brewing				

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IMPORTANT – PLEASE READ CAREFULLY

This notice is to inform you that if your application is considered for a position with our Company we will be conducting a pre-employment background screening. This pre-employment background screening may include obtaining a “consumer report” under the federal Fair Credit Reporting Act for the purpose of evaluating you for employment, promotion, reassignment, retention or rehiring as an employee. Such consumer report may include information contained in public records, such as criminal background and/or DMV records.

The pre-employment background screening does not include an “investigative consumer report” under the federal Fair Credit Reporting Act or a “consumer credit report” bearing on your creditworthiness, credit standing or credit capacity within the meaning of California Civil Code Section 1785.3(c).

The consumer reporting agency preparing the report(s) is: The RDD Detective Agency, PO Box 981171, West Sacramento, CA 95798 Telephone: (916) 372-8556. Their files are available for review in person, by certified mail or telephonically with proper identification.

By my signature below, I hereby authorize a consumer report to be obtained. I also acknowledge receipt of “A Summary of Your Rights under the Fair Credit Reporting Act” attached. A copy of this document is the same as the original.

PLEASE PRINT CLEAR IN INK.

APPLICANT/EMPLOYEE INFORMATION			
FIRST NAME	LAST NAME		MIDDLE NAME
ADDRESS		CITY	STATE & ZIP
LAST 4 DIGITS OF SSN	DRIVER’S LICENSE	STATE ISSUED	
MONTH OF BIRTH (<i>DO NOT provide your year of birth</i>)		DAY OF BIRTH (<i>DO NOT provide your year of birth</i>)	

Please provide other names (for example a maiden name or other name change) under which we might find school, employment or public records for you:

SIGNATURE

DATE

You have a right to a copy of each of the following reports, if it is actually processed. **Please initial** in the appropriate column to indicate whether or not you want a copy of the report, should it be processed.

Want a copy?	Yes	No
Consumer Report	_____	_____
	Initial	Initial

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ATTENTION APPLICANT

PLEASE DETACH AND KEEP FOR YOUR RECORDS

**NOTICE TO APPLICANT OF PRE-EMPLOYMENT
BACKGROUND SCREENING**

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NOTE: The pre-employment background screening will not include an “investigative consumer report” under the federal Fair Credit Reporting Act or a “consumer credit report” bearing on your creditworthiness, credit standing or credit capacity within the meaning of California Civil Code Section 1785.3(c).

Before the Company obtains such a report, you will be provided with an authorization form to sign.

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