



1034 W. 4th Ave
Anchorage, AK 99501
Phone: 907.272. CITY
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letitsnow@snowcitycafe.com

APPLICATION

Thanks for your interest in working at Snow City Cafe. We provide a friendly, fast-paced work environment and we're always accepting applications from individuals with a positive attitude and strong work ethic to join our team! E-mail, fax or drop off your completed application to the restaurant to which you are applying.

I give consent to have my information shared with Snow City Cafe's sister companies.

Date: _____

Name: _____

Phone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip code: _____

How'd you hear about us? walk-in friend: (name) _____ other: _____

Position desired: _____ Front of House Back of House (choose one)

Wage desired: _____ Hours desired/week: _____ When can you start? _____

Are you over: 16 18 21

Have you ever been convicted of a felony? yes no

If yes, please explain:

Specify times you are available to work:

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							

Briefly describe educational background: _____

State any skills or qualifications you believe are relevant for the job you are applying:

Why do you want to work for our company?

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, creed, religion, sex, national origin, age, marital, veteran status or sexual orientation, the presence of a non-job related medical condition or handicap, and any other legally protected status. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information be obtained in response to any question be used in violation of any such law.

EMPLOYMENT HISTORY

List any relevant work history beginning with the most recent.

Employer/Location: _____ from: _____ until: _____
Position: _____ Wage: \$ _____
Supervisor: _____ May we contact? yes no
Phone: _____ Reason for leaving: _____

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Employer/Location: _____ from: _____ until: _____
Position: _____ Wage: \$ _____
Supervisor: _____ May we contact? yes no
Phone: _____ Reason for leaving: _____

.....
Employer/Location: _____ from: _____ until: _____
Position: _____ Wage: \$ _____
Supervisor: _____ May we contact? yes no
Phone: _____ Reason for leaving: _____

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list two references we may contact, different from above:

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Anything else you want to tell us? _____

I certify that, to the best of my knowledge and belief, the answers given by me to the forgoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may result in immediate discharge.

I authorize you to communicate with the employers I designated, school officials and persons named as references concerning my skills, character and responsibility.

If employed, I understand and agree that such employment may be terminated any time, without prior notice and that my employment will not be governed by any express or implied contract but is at-will.

Applicant's Signature Date