

CAFÉ MEKONG

1405 South Main Street, Blacksburg, VA 24060

Name _____ Phone () _____

Current Address

Street City State Zip

If at the above residence less than 3 years, list below all residences for the past 3 years.

Previous Address

Street City State Zip

Previous Address

Street City State Zip

Date of Birth / / Social Security # - -

In Case Of Emergency Notify: Name Phone ()

Contact's Address

Street City State Zip

Position Applying for: Rate of pay expected? _____

Temporary Part Time Full time Who referred you? _____

Are you currently employed? Yes No If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 9 10 11 12 College: 1 2 3 4 Bachelor Grad School Master PhD

Last school attended Name Address

Please explain how your background and skills may contribute to the success of Café Mekong:

ALL APPLICANTS: EMPLOYMENT RECORD Complete all data for EACH last employer COMPLETELY.

Last Employer:

Name Phone () _____

Address Street City State Zip

Position Held Dates: / / - / /

Position Duties Were you regulated by FMCSA during this job? Yes No

Equipment Driven / Routes Driven Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Second Last Employer:

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates: ____/____/____ - ____/____/____

Position Duties _____ Were you regulated by FMCSA during this job? Yes No

Equipment Driven / Routes Driven _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Third Last Employer:

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates: ____/____/____ - ____/____/____

Position Duties _____ Were you regulated by FMCSA during this job? Yes No

Equipment Driven / Routes Driven _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

Fourth Last Employer:

Name _____ Phone (____) _____

Address _____
Street City State Zip

Position Held _____ Dates: ____/____/____ - ____/____/____

Position Duties _____ Were you regulated by FMCSA during this job? Yes No

Equipment Driven / Routes Driven _____ Was this job a FMCSA safety sensitive function position subject to DOT regulated controlled substance & alcohol testing? Yes No

Reasons for Leaving _____

All Applicants: Read and sign before submitting this application.

I understand that the information in this application will be used and that prior employers will be contacted for the purposes of evaluating my prior work experience and investigating my safety performance history information as required by 391.23 (d)&(e). I agree that I will not disclose any proprietary information regarding Oasis, its business operations, suppliers or vendors from the date of this application through one year from my employment end date. I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant _____ Date _____

OFFICE USE ONLY Employment Begin Date: _____ Employment End Date: _____ Staff Initials: _____

Applicant Name _____

How many hours a week do you wish to work _____

Availability

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
8a-9a							
9a-10a							
10a-11a							
11a-12p							
12p-1p							
1p-2p							
2p-3p							
3p-4p							
4p-5p							
5p-6p							
6p-7p							
7p-8p							
8p-9p							
9p-10p							
10p-11p							
11p-12a							
12a-1a							
1a-2a							

What do you prefer to work?

Mon	Tues	Wed	Thur	Fri	Sat	Sun

Any Special Time Off You Will Need in The Next 6 Months?
