

Kakao Employment Application

			DATE OF APPLICATION:		
Name:					
	Last	First		Middle	
Address:					
	Street		City, State Zip		
Contact Informa	tion:				
	Home Telepho	one	Mobile	Email	
	ble to work (list the hours you are available):			years of age? □ Yes □ No eligible to work in the U.S.A.? □ Yes □ No (proof will be r start date)	
Monday: Tuesday: Wednesday: Available Start Date:	Friday: Saturday: Sunday:		Have you ever been convicted of a crime? Yes No (A conviction record will not necessarily bar you from employment.) If yes, explain.		

Tell us about yourself (you can use additional pages if necessary:

- Why would you like to work for Kakao?
- Please tell us about your customer service and/or retail experience.
- Please tell us about your coffee, cooking and/or culinary experience.

EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
Specialized Training, College, University Trade School, etc			

PREVIOUS EXPERIENCE

Please list beginning with most recent (use second sheet if necessary)

Dates Employed	Company Name	Phone Number	Role/Title		
Brief job description and reason for leaving:					
Dates Employed	Company Name	Phone Number	Role/Title		
Brief job descriptio	on and reason for leaving:				
Brief job descriptio	on and reason for leaving: Company Name	Phone Number	Role/Title		

What other information would you like to include to describe your qualifications to work at Kakao:

EMPLOYMENT APPLICATION DISCLAIMER AND ACKNOWLEDGEMENT

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Name:_______(Please Print)

Signature Date:

Optional Additional Employment Sheet

Dates Employed	Company Name	Phone Number	Role/Title
Brief job descriptio	n and reason for leaving:		
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