



Sotera's Inc.
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 Las Vegas, NV 89102
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 sonioscafe@aol.com

Application For Employment

ABOUT YOU

email address

Name _____ Nickname _____

Social Security No. _____ - _____ - _____ Home Phone () _____ - _____ Message Phone () _____ - _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

If you listed a message phone above, how often do you check your messages? _____

Do have reliable transportation to meet any scheduled shift? _____

Can you read at a 6th grade level? _____ Have you ever been convicted of a felony? _____ If yes, please explain on last page.

Have you ever worked for us before? _____ If so, under what name? _____

Do you have any friends or relatives working for us? _____ Who? _____

Can you provide proof that you are over 18 years old? _____ ...over 21 years old? _____ Are you a smoker? _____

Do you have a valid drivers license? _____ Class _____ State _____ License No. _____

Have you had any accidents or moving violations in the past 3 years? _____ If yes, please provide details on the last page.

Have you ever been bonded? _____ Is there any reason why you could *not* be bonded? _____ If yes, please give details on the last page.

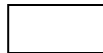
Do you have a legal right to work in the US? _____ Can you provide documentation of your legal right to work? _____

Is there any reason you could not perform all physical aspects of this job (including being able to lift up to 50 pounds)? _____
 If yes, please provide details on the last page.

Is additional information concerning change of name necessary to check work or education records? _____ If yes, please explain on last page.

Describe your use of drugs and alcohol (please continue on last page if necessary) _____

Which of these shapes do you prefer? (circle one)



How often do you clip your nails? Fingernails? _____ Toenails _____

Please list your Month and Day of Birth (year not necessary) Month _____ Date _____

About The Job

For what position are you applying? _____

Would you accept another position? _____ If yes, which one? _____

Which do you prefer? Full Time Part Time If part time, how many hours per week? _____

Which would you accept? Full Time Part Time

When could you start working for us **full-time**? _____ When are you NOT available to work for us Full Time? _____

About Your Work Experience

(PLEASE START WITH YOUR MOST RECENT POSITION)

COMPANY _____ Mo/Yr Hired _____ Mo/Yr Left _____

Job Title _____ Reason for Leaving _____

Did you have anyone working under you? _____ Starting Salary \$ _____ Ending Salary \$ _____

Supervisors Name _____ Position _____ Number _____

Superior's Name _____ Position _____ Number _____

Please list your major responsibilities and Accomplishments in this position:

COMPANY _____ Mo/Yr Hired _____ Mo/Yr Left _____

Job Title _____ Reason for Leaving _____

Did you have anyone working under you? _____ Starting Salary \$ _____ Ending Salary \$ _____

Supervisors Name _____ Position _____ Number _____

Superior's Name _____ Position _____ Number _____

Please list your major responsibilities and Accomplishments in this position:

COMPANY _____ Mo/Yr Hired _____ Mo/Yr Left _____

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COMPANY _____ Mo/Yr Hired _____ Mo/Yr Left _____

Job Title _____ Reason for Leaving _____

Did you have anyone working under you? _____ Starting Salary \$ _____ Ending Salary \$ _____

Supervisors Name _____ Position _____ Number _____

Superior's Name _____ Position _____ Number _____

Please list your major responsibilities and Accomplishments in this position:

ABOUT YOUR EDUCATION

HIGH SCHOOL _____ City _____ State _____ Graduated? _____

No. Years Completed _____ Major _____ Phone number for reference _____

COLLEGE _____ City _____ State _____ Graduated? _____

No. Years Completed _____ Major _____ Phone number for reference _____

GRAD SCHOOL _____ City _____ State _____ Graduated? _____

No. Years Completed _____ Major _____ Phone number for reference _____

Extracurricular activities (including sports):

Other training programs completed (other schooling, classes or trained skills including labor):

Professional memberships and certifications (any groups or affiliations that you have including fraternities and clubs):

OTHER COMMENTS

Why would you be a good choice for this position?

Provide any extra descriptions from questions on previous pages (please include a question number for reference)

I certify that the information above is complete and accurate to the best of my knowledge. I authorize the individuals, companies and agencies concerned to provide this company and its agents with all information necessary to verify the statements I have made in this application and I release them from any liability for so doing. I understand that I must receive satisfactory references from previous employers, co-workers and subordinates (if any) before an offer of employment can be made. I understand that incomplete or unsigned application will not be considered and that false, incomplete, or misleading statements are grounds for my immediate discharge. I understand that any offer of employment is contingent upon my passing a prescribed physical examination, proving my identity and documenting my right to work. I understand that these policies cannot be changed except in writing. I agree to submit myself to random drug testing if requested by management. I understand that any deliberate misrepresentation of information on this application may be terms for immediate discharge.

Signature _____ Printed Name _____ Date _____