



Return by email or drop off to:
 409 W Oak Street Ste 100
 Laurel, MS 39440
 Email: lct@leescoffeetea.com

OR:

EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Street Address:		Birth Date (if under 18):	
City:	State:	ZIP:	Social Security No.:
Phone:		E-mail Address:	
Position Applied for:	Date Available:	Desired Pay:	
Are you legally authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

AVAILABILITY			
<input type="checkbox"/> Monday	<input type="checkbox"/> All day	or <input type="checkbox"/> From:	to:
<input type="checkbox"/> Tuesday	<input type="checkbox"/> All day	or <input type="checkbox"/> From:	to:
<input type="checkbox"/> Wednesday	<input type="checkbox"/> All day	or <input type="checkbox"/> From:	to:
<input type="checkbox"/> Thursday	<input type="checkbox"/> All day	or <input type="checkbox"/> From:	to:
<input type="checkbox"/> Friday	<input type="checkbox"/> All day	or <input type="checkbox"/> From:	to:
<input type="checkbox"/> Saturday	<input type="checkbox"/> All day	or <input type="checkbox"/> From:	to:
<input type="checkbox"/> Sunday	<input type="checkbox"/> All day	or <input type="checkbox"/> From:	to:

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT (STARTING WITH MOST RECENT)

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Pay	\$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Pay	\$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Pay	\$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
Parent Signature if under 18	

(Please use separate page for additional comments)