

Employment Application



Keys Café Is The Most Awarded Café In Mn – Family Owned Since 1973!

Cook, Prep Cook, Grill Cook, Baker, Server, Host/Register, Dish/Bussing	(Month/Day/Year) / /	
APPLICANT DATA:	Position Applied for:	
Full Name:		
Address: City:	State: Zip:	
Phone:() Mobile: ()	E-mail:	
Date Available to Start:		
How did you hear about the position you are applying for?		
Are you self motivated? []Yes []No		
Have you ever worked for this company? []Yes []No If yes, what year and Ke	ys Location?	
Are You Interested In Working At Any Other Keys? []Yes []No If yes, what Id	ocation?	
Are you a citizen of the United States? []Yes []No		
If not, are you legally allowed to work in the United States? []Yes []No		
Type of employment desired: []Full-Time []Part-Time []Temporary		
	ve alcohol to be 16 vears old or older	
By checking this box, I verify I am at least 16 years old. [] I am at least 16 years		
Midway-Raymond Ave 651-646-5756 St Paul-Rosmer Building 651-222-4083 oseville-Lexington Plaza 651-487-KEYS (5397) White Bear Lake-4th St 651-426-2885 oodbury-Valley Creek Mall 651-731-KEYS (5397) Stillwater-Valley Ridge Mall 651-342-2661	Hudson WI–Prairie View Center 715-377-00 Forest Lake–Broadway Hwy 35 651-982-29	
SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICAT	IONS:	

DAYS & HOURS YOU ARE AVAILABLE: Check Here, If Available Most of Keys Café Open Hou						
How long would	d you like to wo	ork at Keys?	ess then 3 month	s 3 months	s to 1 year	1 year or more
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Personal Refe	rence: (Pare	nts, Friends, Tea	cher. Mentor. F	Pastor)		
				,		
Name		City/State		Phone		ationship
				May We Cor () yes () r	no	
				May We Cor () yes () r		
	DEDIENCE					
PREVIOUS EX	PERIENCE					
Dates of Employm	ent: From	_// To		Position(s) Held:_		
Firm:			А	ddress:		
Phone: ()		Superviso	or:			
Responsibilities:						
Starting Title:						
Reason for Leaving	g:					
May we contact thi	is employer for a	reference? []Yes	[]No			
D. (E. I		, , , T-		Decition(s) Holds		
Dates of Employm Firm:		_//)	Position(s) Held:		
Phone: ()	7.0	Superviso				
Responsibilities:		Caporvioc	,,,			
Starting Title:						
Reason for Leaving	g:					
May we contact the	is employer for a	reference? []Yes	[]No			
ertify that my answ	ers are true and	complete to the best of	of my knowledge I	authorize vou to ma	ike such investigat	ions and inquirie
of my personal, e hereby release em	mployment, educ ployers, schools	cational, financial and or individuals f rom ald that false or mislead	other related matte I liability when resp	rs as may be neces onding to inquiries i	sary for an employ n connection with	ment decision. my application.
ture of Applicant:				Date		