



Stompin' Grounds Coffee House is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

How to get your application to us:

Print it, fill it in, and drop it off at our Gallatin Location: 532 Hartsville Pike

You can take a picture and DM it to our instagram account

Fill it in Via Acrobat Reader and Email it to: stompinggroundslc@gmail.com

Applicant Information

Applicant Name: _____ *Age:* _____

Address: _____

City _____ *State and Zip Code* _____

Telephone Number _____

Email Address _____

Date of Application _____

Employment Position

Desired Location: _____ *Hendersonville* _____ *Gallatin*

How did you hear about this position? _____

What days are you available for work? _____

What hours or shift are you available for work? _____

if you are hired when can you start? _____

Personal Information

Do you have any friends, relatives, or acquaintances working for Stompin' Grounds Coffee House _____

If yes, state name & relationship: _____

Are you a U.S. citizen or approved to work in the United States? _____

What document can you provide as proof of citizenship or legal status? _____

Do you have any condition which would require job accommodations? _____ If yes, please describe accommodations required below. _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? _____

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case: _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education and Training

High School: _____

College/University: _____

Previous Employment

1) Employer Name: _____

Job Title: _____

Supervisor Name: _____

City _____ State _____ Zip Code _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

2) Employer Name: _____

Job Title: _____

Supervisor Name: _____

City _____ State _____ Zip Code _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Please provide 2 personal reference(s) below:

Name: _____ ☎

Name: _____ ☎

AT-WILL EMPLOYMENT

The relationship between you and the Stompin' Grounds Coffee House is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Stompin' Grounds Coffee House. No representative of Stompin' Grounds Coffee House has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and Stompin' Grounds LLC.

Applicant Signature: _____

Dated: _____

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