

NOTICE TO ALL APPLICANTS - PLEASE READ THIS

April, 14, 2008

If you are visiting this site to apply for jobs at the roasting plant that is hiring near Columbia South Carolina, **you have reached the wrong web site.** This site is for our company, which is located in New York City. We do not have a roasting plant with openings. Please visit: www.roastingplantcareers.com to continue your job search. We wish you the best.

If you are applying to Roasting Plant, Inc. Coffee in New York City, please proceed as planned.

For everyone who reads this, we welcome you stop by and visit our store located at 81 Orchard Street on the Lower East Side of New York City for a fresh and delicious coffee experience.

Thanks, and have a great day!!

Roasting Plant, Inc.



Application for Employment

PLEASE PRINT LEGIBLY USING BALLPOINT PEN

Roasting Plant values diversity and strives to create and maintain a work environment that fosters and accepts diversity. It also expects that all employees and applicants be treated fairly without regards to age, race, disability, religion, color, gender, sexual orientation, national origin, and/or marital status, and affords equal opportunities to individuals with any other characteristic protected by federal, state and/ or local laws.

Conditions of employment are stated at the end of this application form. Please read them carefully before signing below, completing this in full, even when attaching a resume. Additional documents that you provide to support your application become a part of this application. We truly appreciate your interest in Roasting Plant.

POSITION (S) APPLIED FOR:

PERSONAL			
FULL NAME	FIRST, MIDDLE, LAST	BLANK	
PRESENT ADDRESS	STREET, CITY, STATE, ZIP	HOW LONG	HOME TELEPHONE #
PREVIOUS ADDRESS	STREET, CITY, STATE, ZIP	HOW LONG	MESSAGE TELEPHONE #
EMAIL ADDRESS /OTHER MEANS TO CONTACT:			
HOW DID YOU LEARN ABOUT ROASTING PLANT:			

GENERAL INFORMATION	
IF YOU ARE UNDER AGE 18, PLEASE STATE YOUR AGE:	IF UNDER AGE 18, DO YOU HAVE VALID WORKING PAPERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT, PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN FOR A MINOR TRAFFIC INFRACTION? (Note: A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB PERFORMANCE, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION AND REHABILITATION ACTIONS TAKEN WILL BE CONSIDERED) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DISCLOSE THE NATURE, CIRCUMSTANCES AND DATE OF THE CONVICTION(S) ALONG WITH INFORMATION ON ANY REHABILITATION ACTION TAKEN:	
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT AND/OR, BEEN ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN EACH OCCURANCE ALONG WITH THE NAMES AND PHONE NUMBERS OF YOUR PRIOR SUPERVISORS:	

A. SCHEDULE AVAILABILITY:

I desire to work FULL-TIME (35 hours/week) (Please Complete Section B)

I desire to work PART-TIME (Less than 35 Hours/week) (Please complete Section B)

B. HOURS AVAILABLE (Please enter for each day and indicate <i>OPEN</i> where applicable)	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

NOTE: WORK SCHEDULES ARE SUBJECT TO CHANGE ON A WEEKLY BASIS BASED UPON THE NEEDS OF OUR BUSINESS.

WAGE DESIRED, PER HOUR OR WEEK: \$

DATE AVAILABLE TO BEGIN:

EMPLOYMENT HISTORY

PLEASE BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT. PLEASE ATTACH AN ADDITIONAL SHEET OF PAPER AS NECESSARY, AND/OR ATTACH A RESUME, COMPLETING **ALL** SECTIONS BELOW THAT ARE NOT DETAILED ON YOUR RESUME.

EMPLOYER-1 COMPANY NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

TYPE OF BUSINESS:

DATES EMPLOYED: **FROM:** MO. YR. / **TO:** MO. YR.

STARTING SALARY: ENDING SALRY:

JOB TITLE(S):

JOB DUITES:

REASON FOR LEAVING (PROVIDE DETAILS):

NAME, TITLE AND PHONE NUMBER OF IMMEDIATE SUPERVISOR(S):

MAY WE CONTACT THIS EMPLOYER? YES NO

PLEASE EXPLAIN ANY TIME OFF BETWEEN JOBS:

EMPLOYER-2 COMPANY NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

TYPE OF BUSINESS:

DATES EMPLOYED: FROM: MO. YR. / TO: MO. YR.

STARTING SALARY: ENDING SALRY:

JOB TITLE(S):	
JOB DUITES:	
REASON FOR LEAVING (PROVIDE DETAILS):	
NAME, TITLE AND PHONE NUMBER OF IMMEDIATE SUPERVISOR(S):	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PLEASE EXPLAIN ANY TIME OFF BETWEEN JOBS:	
EMPLOYER-3 COMPANY NAME:	
ADDRESS:	
CITY, STATE, ZIP:	PHONE NUMBER:
TYPE OF BUSINESS:	
DATES EMPLOYED: FROM: MO. YR. / TO: MO. YR.	
STARTING SALARY:	ENDING SALRY:
JOB TITLE(S):	
JOB DUITES:	
REASON FOR LEAVING (PROVIDE DETAILS):	
NAME, TITLE AND PHONE NUMBER OF IMMEDIATE SUPERVISOR(S):	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PLEASE EXPLAIN ANY TIME OFF BETWEEN JOBS:	
EMPLOYER-4 COMPANY NAME:	
ADDRESS:	
CITY, STATE, ZIP:	PHONE NUMBER:
TYPE OF BUSINESS:	
DATES EMPLOYED: FROM: MO. YR. / TO: MO. YR.	
STARTING SALARY:	ENDING SALRY:
JOB TITLE(S):	
JOB DUITES:	

REASON FOR LEAVING (PROVIDE DETAILS):
NAME, TITLE AND PHONE NUMBER OF IMMEDIATE SUPERVISOR(S):
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE EXPLAIN ANY TIME OFF BETWEEN JOBS:

EDUCATION
WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE COMPLETED? CHECK BELOW:
<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> BUSINESS, TRADE, OTHER <input type="checkbox"/> COLLEGE BACHELORS <input type="checkbox"/> GRADUATE SCHOOL
DEGREE, MAJOR, OR COURSE OF STUDY:
NAME AND LOCATION OF SCHOOL:

REFERENCES: PROVIDE (1) PERSONAL AND (2) BUSINESS		
1	(Personal) NAME	CONTACT PHONE # 1: CONTACT PHONE # 2:
	TITLE/COMPANY	RELATIONSHIP
	ADDRESS, CITY AND STATE (ZIP)	HOW LONG KNOWN?
2	(Business-1) NAME	CONTACT PHONE # 1: CONTACT PHONE # 2:
	TITLE/COMPANY	RELATIONSHIP
	ADDRESS, CITY AND STATE (ZIP)	HOW LONG KNOWN?
3	(Business-2) NAME	CONTACT PHONE # 1: CONTACT PHONE # 2:
	TITLE/COMPANY	RELATIONSHIP
	ADDRESS, CITY AND STATE (ZIP)	HOW LONG KNOWN?

ADDITIONAL QUALIFICATIONS AND EXPERIENCE
Please list any other experiences, skills and qualifications, which you believe, will be helpful in considering you for employment at Roasting Plant.

In 50 words or less, please describe your interest in, and experience with coffee that will help you contribute to Roasting Plant.

NOTIFICATION AND AGREEMENT

PLEASE READ COMPLETELY BEFORE SIGNING

Questions regarding this application should be directed to the appropriate company official before you sign below. Your application will be given careful consideration. However, our receipt of your application and supporting documentation does not imply that you will be contacted, and/or offered employment. Neither this application, nor any other document can constitute an agreement or contract of employment for any specified period or definite duration, or in any way limit the at-will nature of your employment.

STATEMENT

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION AND/OR OMISSION OF FACTS REQUESTED ON THIS APPLICATION, AND/OR IN OR ON ANY OTHER RELATED DOCUMENT(S) PROVIDED BY ME, WILL BE CAUSE FOR DENIAL OF EMPLOYMENT, OR, IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN ANY DISCREPANCY IS DISCOVERED.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information including my past employers. I also release Roasting Plant from all liability that might result from making such an investigation.

If hired, I agree to abide by all of Roasting Plant's rules and regulations, and I understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either Roasting Plant or me. I further understand that no representation, whether oral or written by any representative or agent of Roasting Plant, at any time, can constitute a contract of employment. I understand that Roasting Plant and any of its benefits plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance and/or otherwise change policies, procedures, benefits and/or other terms or conditions of employment at any time. No representative or agent of Roasting Plant has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment or to make any agreement contrary to the foregoing, other than in a document signed by the President, and/or the Chief Human Resources Officer.

I acknowledge that I have read and understand the statements above and I hereby grant permission for Roasting Plant to confirm the information provided by me on, and with, this application including my resume (if provided) and references.

APPLICANT SIGNATURE _____ DATE _____

Submit Via fax: 212-966-4565. Via mail: Employment, Roasting Plant, Inc. 81 Orchard St, NY, NY 10002

11/24/07

Company Use Only Below This Line

INTERVIEWED BY _____

DATE _____