

## **Application for Employment**

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Name		
Last	First	Middle
Date		
Street Address		
City	State ZIP	_
Telephone		
Social Security #	<del></del>	
Position applied for		
How did you hear of th	nis opening?	
When can you start? _	Desired	Wage \$
•	or otherwise authorized to wo ovide documentation.) Yes	rk in the U.S. on an unrestricted basis? (You No
Are you looking for ful	ll-time employment? Yes N	Го
If no, what hours are y	you available?	
Have you ever been co Yes No	onvicted of a felony? (This will	not necessarily affect your application.)
If yes, please describe	conditions.	
Employment Desired		
Have you ever applied	l for employment here? Yes	No
When?		
Have you ever been er	nployed by this company? Y	es No
When?		
Are you presently em	ployed? Yes No	
May we contact your p	present employer? Yes No	
Are you available for f	full-time work? Yes No	

Are you available for part-time work? Yes No			
Please list applicable skills			
Education: School Name and Location	Year	Major	Degree
High School			
College			
College			
Post-College			
Other Training			
n addition to your work history, are there are other skills, qualifications of the stills in addition to your work history, are there are other skills, qualifications are the still are still as a supplied to the still a st	ations,	or expe	rience that we
Please list any scholastic honors received and offices held in school	•		
Are you planning to continue your studies? Yes No			
f yes, where and what courses of study?			
Prior Employment History			
Company Name			
AddressTelephone			
Date Started Starting Wage Starting Pos			
Date Ended Ending Wage Ending Positi			
Name of Supervisor			
May we contact? Yes No			

Responsibilities			
Reason for leaving			
Company Name			
Address	Telephone		
Date Started	Starting Wage	Starting Position	
Date Ended	Ending Wage	Ending Position	
Name of Supervisor			
May we contact? Yes	No		
Responsibilities			
Reason for leaving			
Company Name			
Address		Telephone	
Date Started	Starting Wage	Starting Position	
Date Ended	_ Ending Wage	Ending Position	
Name of Supervisor			
May we contact? Yes	No		
Responsibilities			
Reason for leaving			
Company Name			
Address		Telephone	
Date Started	Starting Wage	Starting Position	
Date Ended	Ending Wage	Ending Position	
Name of Supervisor			
May we contact? Yes	No		
Responsibilities			
Reason for leaving			
Company Name			
Address		Telephone	

Date Started	Starting Wage	Starting Position	
Date Ended	Ending Wage	Ending Position	
Name of Supervisor			
May we contact? Ye	es No		
Responsibilities			_
Reason for leaving _			
Company Name			
Address		Telephone	
Date Started	Starting Wage	Starting Position	
Date Ended	Ending Wage	Ending Position	
Name of Supervisor			
May we contact? Ye	es No		
Responsibilities			
_		ou, who have known you for more t	han one yea
Name	Phone	Years Known	
Address			-
Name	Phone	Years Known	
Address			-
Name	Phone	Years Known	
Address			-
Emergency Contact			
In case of emergency	y, please notify:		_
Name	Phone		
Address			-
Name	Phone		
Address			_

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company. I agree that any and all trade secrets or proprietary knowledge and or recipes learned during employment will absolutely under no condition be shared with anyone including future employers, I further agree that if found to have disclosed any of these trade secrets I will be subject to civil prosecution for damages.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature	Date
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