

To Applicant: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

**PERSONAL**

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
No. Street City State Zip

What method of transportation will you use to get to work? \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per week

Would you work Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Specify days and hours if part-time \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working for us, other than spouse \_\_\_\_\_  
Name(s)

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 20 \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? \_\_\_\_\_

What kind of work do you like best? \_\_\_\_\_

Who recommended you to us?  Advertisement  Friend  Relative  Employment Agency  
 Other \_\_\_\_\_

The job requires no more than three sick days per year without a doctor's slip.  
Can you meet this requirement? \_\_\_\_\_

Except for breaktime, the job requires standing thru the entire shift scheduled.  
Can you meet this requirement? \_\_\_\_\_

The job requires lifting or carrying on a regular basis as much as 20 lb. and up to 50 lb. on irregular basis.  
Can you meet this requirement? \_\_\_\_\_

The job may require you to work as early as 8:30 A.M.  
Can you meet this requirement? \_\_\_\_\_

The job requires working weekends.  
Can you meet this requirement? \_\_\_\_\_

The job may require you to work as late as 11:00 p.m. on Fridays and/or Saturdays.  
Can you meet this requirement? \_\_\_\_\_

The job may require you to work as late as 10:00 p.m. Monday thru Thursday on school nights.  
Can you meet this requirement? \_\_\_\_\_

Because you are applying for food service, have you or any family member ever been diagnosed or currently under treatment for any infectious food borne illnesses including (a) Shigellasis (B) Salmonellasis (c) Hepatitis A?  
 Yes  No If yes, which illness and form of treatment?

Have you ever been convicted for anything other than a traffic violation:  No  Yes If yes, what was the charge? \_\_\_\_\_

Punishment imposed \_\_\_\_\_

What are your favorite activities or hobbies other than Religious (Civic, Athletic, etc.)  
(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS)

Are you a U.S. Citizen?  yes  no

How old are you? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If you are 18 or younger, are you still attending High School \_\_\_\_\_, if so, what grade are you in? \_\_\_\_\_

If you are in school, what activities are you taking part? (sport, band, etc.) \_\_\_\_\_

What days and hours are you active in these particular activities? \_\_\_\_\_

**RECORD OF EDUCATION**

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary		X					<input type="checkbox"/> Yes	X
						<input type="checkbox"/> No		
High							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		
College							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		
Other (Specify)							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		

**PERSONAL REFERENCES**

(Not Former Employers, Relatives, or Minors)

Name and Occupation	Address	Phone Number

**List below all present and past employment, beginning with your most recent**

Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					

Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
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	Mo.	Yr.	Mo.	Yr.					

Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					

May we contact the employers listed above? \_\_\_\_\_ If not, indicate by No. which one(s) you do not wish us to contact \_\_\_\_\_

Are You On Lay-Off And Subject To Recall?

Yes

No

If yes, when do you expect to be recalled? \_\_\_\_\_

**In case of accident or emergency ,please notify:**

NAME

ADDRESS

PHONE

## **Agreement**

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

**I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.**

**In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.**

**Signature of Applicant Date \_\_\_\_\_**

### **For Personnel Department Use Only**

**Arrange Interview Yes No Date \_\_\_\_\_**

**Remarks \_\_\_\_\_**

**Employed Yes No Date of Employment \_\_\_\_\_**

**Job Title \_\_\_\_\_**

**Hourly Rate/Salary \_\_\_\_\_**

**Department \_\_\_\_\_**