



EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PERSONAL INFORMATION

NAME (LAST) _____ (M.I.) _____ (FIRST) _____		SOCIAL SECURITY NO. _____ - _____ - _____		DATE OF BIRTH _____
PRESENT ADDRESS _____		CITY _____	STATE _____	ZIP CODE _____
PERMANENT ADDRESS _____		CITY _____	STATE _____	ZIP CODE _____
HOME PHONE _____	CELL PHONE _____	REFERRED BY _____		

EMPLOYMENT DESIRED

POSITION _____		DATE YOU CAN START _____	SALARY OR WAGE DESIRED _____	
ARE YOU CURRENTLY EMPLOYED? _____	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____	EVER APPLIED TO THIS COMPANY BEFORE? WHERE? _____ WHEN? _____		
DO YOU HAVE OR HAVE YOU EVER HAD ANY FAMILY EMPLOYED BY THIS COMPANY? _____		IF SO, GIVE NAME(S) AND RELATIONSHIP(S) _____		

AVAILABILITY

HOW WILL YOU GET TO WORK? _____	ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE U.S.? _____	TOTAL HOURS AVAILABLE PER WEEK: _____	M	T	W	TH	F	SA	SU
HOW FAR DO YOU LIVE FROM 535 DEXTER CF: _____	371 RICHMOND PROV: _____	HOURS AVAILABLE _____	FROM						
AVAILABLE TO WORK AT WHICH LOCATION? (CIRCLE ONE) CENTRAL FALLS PROVIDENCE BOTH			TO						

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDANCE SCHOOL			

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____				
TO _____				
FROM _____				
TO _____				
FROM _____				
TO _____				
FROM _____				
TO _____				

CONTINUED ON OTHER SIDE >>>

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN ATLEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS KNOWN

The secretary of health & human services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, giardia, and compylobacter may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job? _____ If yes, explain:

DURING THE PAST 7 YEARS HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? _____ IF YES, DESCRIBE IN FULL (A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT)

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

_____ DO NOT WRITE BELOW THIS _____

REMARKS

HIRED	FOR DEPT	POSITION	WILL REPORT	SALARY/WAGES

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER / OWNER