



Date \_\_\_\_\_  
Position \_\_\_\_\_

## Application for Employment

Name: \_\_\_\_\_ Soc. Sec. # / Tax ID No. \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ (Home)  
 \_\_\_\_\_ (Other)  
 Are you 16 years of age or over? \_\_\_\_\_ (Proof of age or a work permit may be required)

Person to Notify in Case of Emergency:  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ (Home)  
 \_\_\_\_\_ (Work)  
 \_\_\_\_\_ (Other)

### WORK HISTORY

Name of Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Position: \_\_\_\_\_ Dates worked: \_\_\_\_\_ to \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Do we have permission to contact your current employer? \_\_\_\_\_  
 If NO, please explain: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Position: \_\_\_\_\_ Dates worked: \_\_\_\_\_ to \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Position: \_\_\_\_\_ Dates worked: \_\_\_\_\_ to \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

### REFERENCES (Please do not use family members)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

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 Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

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 Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

**EDUCATION**

	Name of School	City, State	Years Completed
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____
Other Sports or Activities?	_____		

**AVAILABILITY**

Are you legally able to be employed in this country? \_\_\_\_\_ (If hired, verification will be required by law)

What type of position are you seeking?                      Part time                      Full Time                      Seasonal                      Temporary

Specify days and hours of availability:                      Date available to start work: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM							
TO							

Do you know anyone presently working at the Cookie Corner? \_\_\_\_\_

If so whom? \_\_\_\_\_

The Secretary of Health & Human Services has determined that certain diseases, including Hepatitis A, typhoid fever (*Salmonella typhi*), shigellosis (*Shigella* spp.), and E coli (*Escherichia coli* 0157:H7) may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential part of this job involves handling and serving food, food service equipment, and utensils in a sanitary and healthy fashion. Are you able to perform these essential functions of this job with or without a reasonable accomodation?

\_\_\_ Yes \_\_\_ No    If no, explain: \_\_\_\_\_

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I certify that I have read and fully completed both sides of this application and that the information contained herein is correct to the best of my knowledge. I understand that any omission or false information is grounds for dismissal. I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal and otherwise. I understand that as a part of the procedure for my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date