



eatwelldc

# APPLICATION FOR EMPLOYMENT

CALLED:

DATE \_\_\_\_\_ MGR \_\_\_\_\_

INTERVIEWED:

DATE \_\_\_\_\_ MGR \_\_\_\_\_

DATE \_\_\_\_\_ MGR \_\_\_\_\_

(PRE-EMPLOYMENT QUESTIONNAIRE)  
(AN EQUAL OPPORTUNITY EMPLOYER)

LOCATION \_\_\_\_\_

DATE \_\_\_\_\_

## PERSONAL INFORMATION

NAME				SOCIAL SECURITY NUMBER
	LAST	FIRST	MIDDLE	

PRESENT ADDRESS					ZIP
	STREET	CITY	STATE		

PERMANENT ADDRESS					ZIP
	STREET	CITY	STATE		

PHONE NO. _____	EMAIL ADDRESS _____
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REFERRED BY _____	DATE OF BIRTH _____	ARE YOU 21 OR OLDER? _____
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## EMPLOYMENT DESIRED

POSITION _____	DATE YOU CAN START _____	SALARY DESIRED _____
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I AM INTERESTED IN:     FULL TIME (30-40 HRS PER WEEK)     PART TIME (15-30 HRS PER WEEK)

ARE YOU EMPLOYED NOW? NO  YES, FULL TIME  PART TIME  ARE YOU A FULL TIME STUDENT? YES  NO

HAVE YOU FILED AN APPLICATION WITH THIS COMPANY BEFORE? YES  NO  IF YES, DATE \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? YES  NO  IF YES, DATE \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES  NO

## FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT)

EMPLOYED		NAME & LOCATION OF EMPLOYER NAME OF SUPERVISOR SUPERVISOR'S PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM	TO				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? \_\_\_\_\_

(Continued on other side)

**ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT.**



**eatwelldc**

**EDUCATION INFORMATION**

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDANCE SCHOOL				

**REFERENCES**

(GIVE THE NAMES OF THREE PERSONS FOR WHOM YOU HAVE WORKED FOR AT LEAST ONE YEAR)

NAME	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

**PHYSICAL RECORD**

HAVE YOU ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES  NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION \_\_\_\_\_

PLEASE DESCRIBE \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY

NAME	ADDRESS	PHONE NO.
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"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 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 all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without and prior notice."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT.**

**DO NOT WRITE BELOW THIS LINE**

WORK RESTRICTIONS

HIRED: YES  NO

IF YES, DATE \_\_\_\_\_ BY \_\_\_\_\_

AVAILABILITY

STARTING DATE \_\_\_\_\_

POSITION \_\_\_\_\_

SALARY/WAGES \_\_\_\_\_

**REMINDERS - CHECK OFF**

- 2 IDS OR PASSPORT
- UNIFORM
- MUST WORK SUNDAY