

APPLICATION FOR HOURLY EMPLOYMENT



DATE ___/___/___

PERSONAL INFORMATION

NAME (Last) (First)
ADDRESS (Street) (City) (State) (Zip)
()
HOME TELEPHONE EMAIL ADDRESS

EMPLOYMENT INFORMATION

Part Time Full Time
POSITION DESIRED DATE AVAILABLE FOR WORK

LIST THE TIMES YOU ARE AVAILABLE FOR WORK:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
From To From To From To From To From To From To From To

Have you ever been employed by or applied to this company before? Yes _____ No _____

If so, please list the location(s) and date(s): _____

How were you referred? Walk-in Employee Ad Other _____

Are you related to or acquainted with any present or former employee? Yes No

If yes, list name and relationship _____

ABILITY TO DO JOB

In answering the following question, please refer to the list below:

Do you have a physical or mental condition that may limit your ability to perform all essential functions of the position for which you are applying? Yes No

- 1. Lifting trays and bus tubs of up to 40 pounds
- 2. Having a good sense of balance
- 3. Standing and exerting fast-paced mobility for periods of 4 hours or more
- 4. Bending, kneeling, and stooping

If yes, please explain how you would perform all the essential functions of the position: _____

EDUCATION

NAME OF SCHOOL	CITY/STATE	CURRICULUM	GRADUATED
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational/ Business School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No

Special skills or experience: _____

Present or Last Employer	Company _____	Start Date ____/____/____
	Address _____	Leave Date ____/____/____
	Position _____	Rate of Pay _____
	Reason for Leaving _____	
Next Previous Employer	Company _____	Start Date ____/____/____
	Address _____	Leave Date ____/____/____
	Position _____	Rate of Pay _____
	Reason for Leaving _____	

PERSONAL REFERENCES

Name	Relationship	Years Known	Address/Telephone

ADDITIONAL QUESTIONS

1. Have you been convicted of a felony (other than a marijuana-related felony) during the past 7 years? Yes No

If yes, please explain _____

2. Have you been convicted of a marijuana-related felony in the past 2 years? Yes No

If yes, please explain _____

AGREEMENT

I hereby authorize investigation of all statements contained in this application and certify that such are true and understand that if I am hired any misrepresentation on this application is just cause for immediate termination.

Signature _____

Date _____

SUBMIT APPLICATION