

C&H CAFETERIA INC.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: ____ / ____ / ____

NAME (LAST) (FIRST) (MIDDLE)		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP
PHONE	REFERRED BY		
PRESENTLY EMPLOYED ? YES <input type="checkbox"/> NO <input type="checkbox"/>	FULL <input type="checkbox"/> PART <input type="checkbox"/>	DATE AVAILABLE	SALARY DESIRED _____
POSITION DESIRED	WORKED AT C&H ? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE	WHEN

EDUCATION

SCHOOL	NAME	YEARS ATTENDED	DEGREE
GRAMAR			
HIGH			
COLLEGE			

HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST 7 YEARS? YES ____ **NO** ____

EMPLOYMENT HISTORY

EMPLOYER	DATE (FROM) - (TO)	POSITION	WAGE	WHY YOU LEFT	EMPLOYER PHONE #

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 INFORMATION ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS WORK HISTORY AND ANY PERTINANT INFORMATION THEY MAY HAVE, PERSONAL, OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM THE UTILIZATION OF SUCH INFORMATION. I AGREE, SHOULD I NOT SUBMIT AT LEAST A ONE (1) WEEKS NOTICE UPON DEPARTURE FROM THE COMPANY, MY RATE OF PAY FOR THE LAST PAY PERIOD WILL BE REDUCED TO MINIMUM WAGE. 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. THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY- RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELAVANT FEDERAL AND STATE LAWS.

INTERVIEWER: _____ **APPLICANT:** _____ **DATE** ____ / ____ / ____