

APPLICATION FOR EMPLOYMENT

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to, race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, or veteran status.

PERSONAL INFORMATION

NAME:

LAST	FIRST	MIDDLE
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PRESENT ADDRESS:

STREET	CITY	STATE	ZIP
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PERMANENT ADDRESS:

STREET	CITY	STATE	ZIP
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PHONE:

EMAIL:

LAST 4 OF SOC:

ARE YOU UNDER THE AGE OF 18?:

EMPLOYMENT DESIRED

Facility (circle one)

POSITION:

Log Cabin | Delaney House | D.Hotel

DATE YOU CAN
START:

DESIRED
SALARY: \$

ARE YOU EMPLOYED NOW?

IF SO, MAY WE CONTACT YOUR EMPLOYER?

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?

IF SO, WHEN?

NAME & RELATIONSHIP OF ANY RELATIVES IN OUR COMPANY:

REFERRED BY/HOW DID YOU HEAR ABOUT US?

EDUCATION

EDUCATIONAL BACKGROUND	NAME & LOCATION OF SCHOOL	CIRCLE THE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
HIGH SCHOOL FROM: TO:		9 10 11 12 / GED	
COLLEGE FROM: TO:		1 2 3 4	
OTHER FROM: TO:			

SUBJECTS OF SPECIAL STUDY/RESEARCH; SPECIAL TRAINING; ACTIVITIES:



WORK EXPERIENCE LIST THE LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT

DATE (MONTH & YEAR) POSITION	NAME & ADDRESS OF EMPLOYER	SALARY	NAME OF SUPERVISOR	REASON FOR LEAVING
FROM: To:				
POSITION:				
FROM: To:				
POSITION:				
FROM: To:				
POSITION:				

REFERENCES LIST THREE ADDITIONAL WORK-RELATED REFERENCES WHOM WE MAY CALL. DO NOT LIST RELATIVES.

NAME & POSITION	COMPANY	TELEPHONE NUMBER
1		
2		
3		

SAFETY & HEALTH

THE SAFETY & HEALTH OF OUR EMPLOYEES IS VERY IMPORTANT TO US. THEREFORE, PLEASE **READ & CHECK** THE FOLLOWING AREAS AS TO YOUR ABILITY TO PERFORM THEM. CHECK **NO** TO ANY ACTIVITIES YOU ARE UNABLE TO PERFORM OR MAY PERFORM WITHIN RESTRICTIONS.

LIFT/CARRYING	YES	NO	REACHING	YES	NO	GRASPING	YES	NO
0-5 LB	<input type="checkbox"/>	<input type="checkbox"/>	OVERHEAD	<input type="checkbox"/>	<input type="checkbox"/>	PUSHING	<input type="checkbox"/>	<input type="checkbox"/>
5-20 LB	<input type="checkbox"/>	<input type="checkbox"/>	SHOULDER LEVEL	<input type="checkbox"/>	<input type="checkbox"/>	PULLING	<input type="checkbox"/>	<input type="checkbox"/>
20-50 LB	<input type="checkbox"/>	<input type="checkbox"/>	CLIMBING	<input type="checkbox"/>	<input type="checkbox"/>	WALKING	<input type="checkbox"/>	<input type="checkbox"/>
STANDING	<input type="checkbox"/>	<input type="checkbox"/>	STAIRS	<input type="checkbox"/>	<input type="checkbox"/>	SHORT DISTANCES	<input type="checkbox"/>	<input type="checkbox"/>
PROLONGED	<input type="checkbox"/>	<input type="checkbox"/>	LADDERS	<input type="checkbox"/>	<input type="checkbox"/>	LONG DISTANCES	<input type="checkbox"/>	<input type="checkbox"/>
INFREQUENT	<input type="checkbox"/>	<input type="checkbox"/>	TWISTING	<input type="checkbox"/>	<input type="checkbox"/>	SQUATTING	<input type="checkbox"/>	<input type="checkbox"/>
SITTING	<input type="checkbox"/>	<input type="checkbox"/>	REPETITIVE HAND	<input type="checkbox"/>	<input type="checkbox"/>	CRAWLING	<input type="checkbox"/>	<input type="checkbox"/>
BENDING/STOOPING	<input type="checkbox"/>	<input type="checkbox"/>	KEYBOARDING	<input type="checkbox"/>	<input type="checkbox"/>			

-IF YOU CHECKED NO TO ANY ACTIVITIES PLEASE DESCRIBE BELOW.

-IF YOU HAVE AN IMPAIRMENT IN ANY OF THE FOLLOWING THAT WOULD AFFECT YOUR PERFORMANCE, CHECK BOX & DESCRIBE BELOW.

VISION TASTE SPEECH SMELLING TOUCHING HEARING

DESCRIPTIONS _____

IN CASE OF EMERGENCY,

NOTIFY: _____

ADDRESS: _____ PHONE: _____



APPLICANTS STATEMENT

By signing this application, I understand that if hired by the company, I will be an employee at will. This means my employment with the company may be terminated at any time at the option of the company or me. I also understand that neither this application nor any communication by a management representative is intended to create or does in fact create a contract of employment.

I agree to conform to the rules and regulations of the company, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at will.

The above information is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on my part of the facts in this application may result in immediate dismissal.

I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

-----**INTERNAL USE ONLY BELOW THIS LINE**-----

HIRE DATE: _____

SALARY/RATE: _____

HIRING MANAGER: _____

START DATE: _____

- SOCIAL SECURITY CARD**
- PHOTO I.D.**
- EMPLOYEE HANDBOOK ACKNOWLEDGEMENT**
- SEXUAL HARASSMENT POLICY**
- SUBSTANCE ABUSE POLICY**
- FIRE PREVENTION PLAN**
- ELECTRICAL SAFETY & LOCK-OUT/TAG-OUT PROGRAM**
- SAFETY TIPS FOR FOOD SERVICE INDUSTRY**