## **APPLICATION FOR EMPLOYMENT**

In compliance with Federal and State Equal Employment Opportunity Laws, all qualified candidates will be considered for employment without regard to their race, creed, color, national origin, ancestry, sex, age, marital status, veteran status, or the presence of non-job related medical conditions or handicaps.

<ul> <li>Position Description</li> </ul>	esired:			Date:		-	
• On what da	ate would	you be available	to start work?				
<ul> <li>Available t</li> </ul>	to work: Weekends and Holidays are require				red		
Full-Time Doubles		rt Time (less thar eekends	,	Day Shifts Night Shifts		Гemporary/Sea	sonal
List any schedule	preference	es you may have	:				
PERSONAL INF	<u>'ORMAT</u>	<u>'ION</u>					
Name:		Phone Number:					
Last		First	Middle				-
Current Address:					How Lor	.g?	
	Street		City, State	Zip		<i>8</i> <sup>•</sup> <u> </u>	
Previous Address:					How Lor	g?	
	Street		City, State	Zip			
- Are you 18 years	or older?	$\Box$ Yes $\Box$ No					
- Have you applied	1 for work	at the Braden N	Ianagement bef	fore? 🗌 Yes 🗆	No If yes	, when?	
- If your job requi	res, may v	ve run a backgro	und check? $\Box$ Y	les 🗌 No			
- Do you speak a f	oreign lar	nguage? 🗆 Yes 🗆	No				
- Are you Food H	andler ce	ertified with Tra	avis County? [	] Yes 🗌 No			
- If applying for s			•		certified	? 🗆 Yes 🗆 No	
EDUCATION BA			- ,				
	Degree		ne & Address	Course o	r Maior	Graduated	
High Sahaal		Sentoor run				Studiated	

	Degree	School Name & Address	Course or Major	Graduated
High School				
College				
Post Graduate				

## **EMPLOYMENT HISTORY**

We need at least the last 5 years of employment. If you need more paper please ask. IF YOU HAVE NEVER BEEN EMPLOYED, PLEASE WRITE IN NAMES OF NON-RELATIVES WHO MAY BE CONTACTED FOR REFERENCES.

## - Are you currently employed? $\Box$ Yes $\Box$ No $\Box$ Temporary Layoff $\Box$ Permanent Layoff

Dates:	Company Name:	Supervisors Name & Title:
To From		
	Address:	Phone: ( )
Position & Duties:		Rate of Pay: \$
Reason for Leaving:		
Previous Employm	ent	
Dates: To From	Company Name:	Supervisors Name & Title:
	Address:	Phone: ( )
Position & Duties:		Rate of Pay: \$
Reason for Leaving:		
Previous Employm	ent	
Dates: To From	Company Name:	Supervisors Name & Title:
	Address:	Phone: ( )
Position & Duties:	i	Rate of Pay: \$
Reason for Leaving:		
we contact all the e	mployers listed above? $\Box$ Ves $\Box$	No If not, which ones should we not con
why?		The final which ones should we not con
er Professional Ref	erences	
ne	Relationship	Phone ()
ne	Relationship	Phone ()
ne	Relationship	Phone ()

## **CERTIFICATIONS AND AGREEMENTS – PLEASE READ CAREFULLY**

The distribution or receiving of this application by Braden Management does not imply or intend to imply an agreement of contract to employ the applicant. This application will be considered valid for no longer than three months. Reapplication is necessary after three months.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements or material omissions on my application or resume shall be considered sufficient cause for dismissal. I also understand that if offered employment, I must prove my identity and my eligibility to work in the United States, prior to being employed.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_