

Joseph's
Flying Tomato

Application for Employment (please print)

Position(s) applied for _____ Date ____/____/____

How did you find out about this job? Advertisement Employee Walk-in Friend Other _____

Why are you seeking a new job at this time? _____

Applicant Information

First Name _____ Middle _____ Last _____

Street Address _____ Social Security No. _____

City/State/Zip _____ Phone (____) _____

If hired, do you have a reliable means of transportation to get to work?. Describe _____

Are you legally eligible for employment in the U.S.? (Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a felony, or pleaded no contest in a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 in the last two years Yes No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

Are you a veteran? If yes, give dates of service: From _____ To _____

List any special skills or training: _____

Employment Information

Are you seeking: ___full time, ___part time ___temporary employment

List hours you are able to work: _____

S M T W Th F S

From: _____

To: _____

What are the maximum number of hours you are willing to work in a day? _____

Are you willing to work overtime? Holidays? _____

Are you currently employed?. If hired, when would you be able to start? _____

Have you ever been discharged or asked to resign from any position? _____ If yes, please describe: _____

Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8

High School: 9 10 11 12 G.E.D

College: 1 2 3 4 5 6 7 8

Name of School: _____

Name of School: _____

Name of School: _____

Location of School: _____

Location of School: _____

Location of School: _____

Degree & Major: _____

Minor: _____

Work History (please begin with most recent)

1. Company _____ Phone No. with Area Code (_____)
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____
2. Company _____ Phone No. with Area Code (_____)
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____
3. Company _____ Phone No. with Area Code (_____)
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____
4. Company _____ Phone No. with Area Code (_____)
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____
5. Company _____ Phone No. with Area Code (_____)
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____

May we contact the employers listed above? _____ If not, list the employers you do not wish us to contact and why:

Personal References (not relatives or significant others) List Full Name, Address, Phone Number & relation.

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 statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information. 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 relevant federal and state laws”

Name (Pease Print) _____ Signature _____ Date _____

Interviewed By _____ Signature _____ Date _____