

Application for Employment

Today's Date

Your Personal Information					
Name	First		Middle		
Address					
		City	State	Zip Code	
Home Telephone	Cellular Telephone				
E-Mail Address					
Preferred Method of Contact:	☐ Home Telephone	☐ Cell Phone	□ E-Mail		
	☐ Other				
Your Emergency Contact					
In Case of an Emergency, I Auth	norize You to Contact:				
Name		Telephone Number			

ALL QUESTIONS MUST BE ANSWERED
STATE "N/A" IF QUESTION IS NOT APPLICABLE

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, veteran's status, citizenship status, or any other protected classes under state, local or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in Take Away Gourmet.

THIS IS A DRUG-FREE WORKPLACE

Tell Us About	fourself (You must an	nswer <u>every</u> que	estion on this application. If	a question does not apply, put "N/A." Pleas	se print.)		
What position are you ap	plying for?						
What is your salary expec	ectation? \$ When can you start work? (Date)						
How were you referred to	us?	(If you w	ere referred by a person, ple	ease provide the name)			
(If you were referred by a person, please provide the name) Have you completed an application here before?							
Have you been employed			•	date/position/location			
	(Check any that apply):						
Are there any days or tim	nes during the week that your of religious needs that do not crea	ou are not av	ailable to work?	Yes □ No			
If yes, please list the days	s/times you are not availal	ble to work _					
If necessary, can you pro	vide proof that you are ov	er any minim	um work age requireme	nt? ☐ Yes ☐ No			
Are you willing to work ov	vertime?	☐ Yes ☐ N	No Do you h	ave steady transportation to work?	☐ Yes ☐ No		
Can you travel, if required	1?	☐ Yes ☐ N	No What per	centage of time?			
Are you on a layoff and s	ubject to recall?	☐ Yes ☐ N	No May we d	contact your present employer?	☐ Yes ☐ No		
How much time have you	How much time have you lost from work during the past 12 months?						
Are you now, or do you e	expect to be, engaged in a	ny other busi	ness or employment whi	le working here?	☐ Yes ☐ No		
If yes, please explain							
Are you presently an office	er, employee, or employe	er of another b	ousiness in our industry	or with whom we compete?	☐ Yes ☐ No		
If yes, please explain							
Have you ever been term	ninated or asked to resign	from a job?	☐ Yes ☐ No				
If yes, please explain							
Have you ever been refus	sed bond?	□ No					
Why do you desire to ma	ke a change?						
Are you legally eligible to	work in the United States	? 🗆 Y	es No (Proof of citizensh	ip status/identity required upon hire)			
What three things are mo	st important to you in a jo	b? 1)		2)3)			
What three adjectives be	st describe you? 1)		2)	3)			
What type of work do you	ı most enjoy?						
Why do you want to work	at Take Away Gourmet?				_		
Tell Us About	Your Special Sk	ills and	Qualifications				
List any special skills, tra	ining, experience, certifica	ations, or licer	ses that may be relevar	nt to this position or our company			
List any professional, trac	de, business, or civic activ	ities or offices	s held that would relate t	o working here			
List any foreign language	s that you fluently speak,	read, and/or	write that would relate to	working here			
List software programs that you are proficient in							
Your Educational Background							
Schooling	Did You	Years ompleted	Degree Received and Major Subject	Name of School	Location		
High School or GED	☐ Yes ☐ No		.,				
Trade, Business, or Correspondence	☐ Yes ☐ No						
College	☐ Yes ☐ No						
Graduate School	☐ Yes ☐ No						

Do you hold a valid Driver's Lic				re use of a personal or company vehicle for work)
Have you been convicted of an				□ No
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Tell Us About You	r Past (Answering "ves" to a	any of these al	lestions is not an automa	stic har to employment)
				discrimination, ethical breach or theft?
				discrimination, earlied preder or trient.
,	, ,	, , ,		
Have you ever been a defenda business relationship, defamation, invasion	ant in a civil action for an integrated on of privacy, fraud and misrepresentat	entional tort? ion, abuse of pro	(e.g. assault, battery, fals	e imprisonment, infliction of emotional distress, tortuous interference with a ion or others)
		nation of the nature of the intentional tort, the date of the action, the location, and the disposition or		
Do you currently have any crim	inal charges pending against	you?		
☐ Yes ☐ No If yes	s, describe the details of the	charge(s),	the date(s) of the of	fense(s) (month and year), your age at the time of the
offens	se(s), and the current status of	of the charge	(s)	
Are you currently wanted by an	y law enforcement agency?			
☐ Yes ☐ No If yes,	, by what agency and for wha	t act?		
Tell Us About Any	Records (Must be answer	ared by all can	didates)	
Your Work History List most recent or current iob first. You r.	and Any Employr	ment Ga	APS (Must be compation and dates for the gap.	pleted even when accompanied by resume) You must also provide a complete work history.
Employer		Dates Employed		Summary of Work Performed
Address (City, State, Zip)	Fron	n (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities
	Phone			4
Job Title	(Include	(Include Area Code) Hourly Rate, Weekly Salary, or Other Weekly Earnings		_
oob Tido				
State Reason	St	tarting	Final	-
Clate (Nodoon				
Resigned OR Terminate	ed 🗆			Supervisor's Name
Employer	From		Employed	Summary of Work Performed and Job Responsibilities
Address (City, State, Zip)	Fron	n (Mo/Yr)	To (Mo/Yr)	und oob recoponisionnes
	Phone			4
Job Title	(Include	Area Code)	Weekly Salary,	4
JOD TILE			eekly Earnings	
	St	tarting	Final	
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State Reason			Tindi	Supervisor's Name

Employer	Dates Employed		Summary of Work Performed		
Address (City, State, Zip)	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities		
, , , , , , , , , , , , , , , , , , , ,	Phone:		-		
Job Title	(Include Area Code)	Weekly Colomy			
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings				
Obsts Dansey	Starting	Final			
State Reason					
Resigned ☐ OR Terminated ☐			Supervisor's Name		
Employer		Employed	Summary of Work Performed		
Address (City, State, Zip)	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities		
Address (City, State, Zip)					
	Phone: (Include Area Code)				
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings				
	Starting	Final			
State Reason					
Resigned ☐ OR Terminated ☐			Supervisor's Name		
Employer	Dates I	Employed	Summary of Work Performed		
Address (Oite Otate 7in)	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities		
Address (City, State, Zip)					
	Phone: (Include Area Code)				
Job Title		Weekly Salary, eekly Earnings			
	Starting	Final			
State Reason					
D : 10 OD T : 110			Supervisor's Name		
Resigned OR Terminated ## You need more space to	nrovide a full wo	ork history request	l additional work history pages.		
Your Military Service	provide a rail wo	rik ilistory, request	additional work instory pages.		
Branch of service					
Rank at discharge, if applicable					
List duties and special training and/or skills					
Agreement and Release					
For the purpose of this agreement and release, Take Away Gourmet is referred to as "the company," "this company," or "you." The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application (even if discovered after					
employment) or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history, financial, criminal, credit, and motor vehicle records through any investigative or credit agencies or bureaus of your choice. You are also authorized to					
administer a personality profile or other pre-employment tests and verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment, and I agree to submit to a medical evaluation, if required. I consent to					
the release of any or all medical information or records deemed necessary to determine my capability to perform the essential job functions of the position for which I may hold.					
In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through					
personal interviews with my neighbors, friends, or others with whom I am acquainted. In exchange for the consideration of my employment application by this company, I hereby release and forever discharge this company (including its directors, officers, employees, and agents) and my past and/or present employers					
(including their directors, officers, employees, and agents) from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements, and I authorize past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record.					
I understand that if my application is accepted that employment with this company at all times is employment "at will." It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless an authorized executive of this company specifically					
acknowledges such change. I further understand that my "at will" employment may be terminated at any time by this company or myself and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first 90 days of employment is a new-hire introductory period.					
I have read, understand, and by my signature consent to these statements.					
Signature of Applicant			Date		