

Red Hen Employment Application

Personal Information

Name			Day Phone: ()		
Last:	First:	Middle:	Night Phone: ()		

Address

Street: _____ City: _____ State: _____ Zip: _____

Rate of Pay Desired _____ Per Hour	Date Available to Work	Social Security Number
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Number of Hours Desired	Hours Available to Work						
<input type="checkbox"/> FT <input type="checkbox"/> PT _____ Hrs Per Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

A.M. Shift	Beginning Time						
	Ending Time						
P.M. Shift	Beginning Time						
	Ending Time						

Can you work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	Position Applied For? Check all that apply.
How were you referred to us for employment?	
Walk-in <input type="checkbox"/> Friend <input type="checkbox"/> Ad <input type="checkbox"/> Other <input type="checkbox"/>	

Do you have the ability to perform the essential function of the job for which you have applied? Yes No

Have you ever been convicted of a felony in the last seven years? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you now or have you had within the last six months hepatitis, salmonella, gastrointestinal infections or any other illness which can be spread by serving or preparing food? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes Explain:	
If hired can you provide documentation to show that you are a U.S. citizen or otherwise authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Education

School	City, State	Circle Last Year Completed	Did you graduate?	Major Study	Degree Type	G.P.A.
		9 10 11 12				
		1 2 3 4				

Employment

Name, Address & Phone of Firm	Employment Dates	Position Held	Supervisor & Title	Reason for Leaving
	From: To:			
	From: To:			
	From: To:			

I understand that I or the company may terminate my employment at any time and that nothing in this application or in the granting of interviews creates a contract of employment

I understand that to be employed, I must be authorized to work in the United States and must provide documents as proof

I authorize the company to investigate thoroughly my work and personal history and verify all data given to the company. In return for being considered for a position, I release the company from any liability which may arise from such an investigation. I authorize all individuals, schools, and firms named, except my current employer if so noted, to provide any information about me, and I release them from all liability for damage in providing this information.

Applications Signature:	Date:
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