

Application for Employment

Today's Date: _____

PERSONAL DATA

Name: Last: _____ First: _____ Middle: _____
Current Address: Street and Number: _____
City: _____ State: _____ Zip: _____
Day Phone Number: _____ Evening Phone Number: _____
Email: _____ DOB: _____
How or by whom were you referred? _____
Have you applied here before? _____ If yes, give dates: _____
If hired and under 18, can you furnish a work permit? ☐ Yes ☐ No ☐ I am over 18
If applicable: Military Service Status: ☐ Active ☐ Inactive Branch _____
Are you legally authorized to work in the United States? ☐ Yes ☐ No
Have you ever worked with the public before? _____ Explain: _____
Do you work well unsupervised? _____ Explain: _____

EMPLOYMENT DATA

Shift(s) Desired: ☐ 1st shift (6AM-2PM) ☐ 2nd shift (2PM-10PM) ☐ 3rd shift (10PM-6AM)
Days Available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
☐ Full Time ☐ Part Time ☐ Either Total Hours available per week: _____
Will you work overtime if asked? ☐ Yes ☐ No When are you able to start work? _____
Do you have transportation to/from work? ☐ Yes ☐ No Salary Desired _____
Is this a temporary position you are interested in? ☐ Yes ☐ No *If yes, please indicate length of time* _____

EDUCATION

High School: Name _____ City _____ State _____
Circle highest grade completed: High School: 9 10 11 12 College: 13 14 15 16 17
Diploma or GED: ☐ Yes ☐ No College (*list all whether or not degree was obtained*)
Name _____ Address _____ Major _____ Minor _____ Degree _____ Grade _____
Extra-curricular activities _____

WORKING SKILLS

If applicable, please check all your current skills:

<input type="checkbox"/> Cash Register	<input type="checkbox"/> Passport/Ruby Register	<input type="checkbox"/> Food Slicer	<input type="checkbox"/> Griddle
<input type="checkbox"/> CT Lottery Terminal	<input type="checkbox"/> Stock clerk	<input type="checkbox"/> Sales Clerk	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Computer Operator	<input type="checkbox"/> Inventory Clerk	<input type="checkbox"/> FIFO	<input type="checkbox"/> Secretarial
<input type="checkbox"/> Safe Serve Certificate	<input type="checkbox"/> Safe Serve Food Handler	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Cooler Stocking
<input type="checkbox"/> Punctual	<input type="checkbox"/> Reliable Transportation	<input type="checkbox"/> People Skills	

Past cooking experience? _____

SECURITY

READ THIS CAREFULLY BEFORE ANSWERING THE FOLLOWING QUESTIONS:

You may answer "No" if your criminal record consists only of one or more of the following: (a) a sealed record on file with the Commissioner of Probation, (b) a case of delinquency or a child in need of services which did not result in a complaint transferred to Superior Court for criminal prosecution, (c) your crimes were misdemeanors and they occurred five or more years ago, or (d) your misdemeanors were limited to a first offense for drunkenness, simple assault, speeding, minor traffic offenses or disturbance of the peace.

Have you been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, give details including date, location (city), nature of offense and disposition. _____

NOTE: A conviction record will not necessarily be a bar to employment.

REFERENCES

Professional References Please list 2 professional references that can verify your work history and performance. References should not be relatives and at least one must have directly supervised you at some time in your work/school history.

1. Company Name and Address _____

Co. Phone Number: () _____ Ext. _____ Name of Supervisor _____

2. Company Name and Address _____

Co. Phone Number: () _____ Ext. _____ Name of Supervisor _____

Personal References Please list 2 personal references (must not be a relative)

1. Name and address _____

Phone Number: () _____ Best time to call _____ Occupation _____

Years Acquainted _____ How do you know this individual? _____

2. Name and address _____

Phone Number: () _____ Best time to call _____ Occupation _____

Years Acquainted _____ How do you know this individual? _____

EMPLOYMENT RECORD

Please complete in full. You may include military service and any other verifiable work performed on a volunteer basis.

1. Current/ Last Employer _____ Employment Dates: _____

Type of Business _____ Job Title: _____ Salary: _____

Reason for leaving: _____ May we contact? ☐ Yes ☐ No

Duties/Responsibilities: _____ Co. Phone Number () _____

2. Current/ Last Employer _____ Employment Dates: _____

Type of Business _____ Job Title: _____ Salary: _____

Reason for leaving: _____ May we contact? ☐ Yes ☐ No

Duties/Responsibilities: _____ Co. Phone Number () _____

3. Current/ Last Employer _____ Employment Dates: _____

Type of Business _____ Job Title: _____ Salary: _____

Reason for leaving: _____ May we contact? ☐ Yes ☐ No

Duties/Responsibilities: _____ Co. Phone Number () _____

AN EQUAL OPPORTUNITY/DRUG-FREE EMPLOYER

We are an equal opportunity employer and do not discriminate against any applicant because of race, color, religion, sex, national origin, age disability, sexual orientation, marital status, veteran status, or any other legally protected group.