



EMPLOYMENT APPLICATION

NAME: _____ PHONE: _____

ADDRESS: _____

DRIVER LICENSE # _____

DO YOU HAVE ANY INJURIES OR HEALTH CONCERNS THAT WOULD LIMIT YOUR PHYSICAL ABILITIES? NO YES EXPLAIN: _____

ABILITY TO LIFT UP TO 50 POUNDS? NO YES

ABILITY TO STAND FOR LONG PERIODS OF TIME? NO YES

LAST EMPLOYER: _____ POSITION: _____

MANAGER: _____ PHONE: _____

REASON FOR LEAVING: _____

2ND LAST EMPLOYER: _____ POSITION: _____

MANAGER: _____ PHONE: _____

REASON FOR LEAVING: _____

DO YOU HAVE ANY FELONIES? NO YES EXPLAIN: _____

-REFERENCES-

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

THE ABOVE IF HIRED AGREES TO ALL OPERATING AND SAFETY PROCEDURES AND THAT ALL SAFETY EQUIPMENT AND PROCESSING EQUIPMENT WILL BE CLEANED AND MAINTAINED BY ABOVE EMPLOYEE. ALL KNIVES WILL BE EMPLOYEES' RESPONSIBILITY TO HAVE SHARP BY STARTING TIME OF FOLLOWING WORK DAY. ANY INJURIES SHALL BE REPORTED IMMEDIATELY TO MANAGER OR OWNER. FAILURE OF ANY OF THE ABOVE MAY RESULT IN TERMINATION OF EMPLOYMENT.