

**Oasis Food Center
APPLICATION FOR EMPLOYMENT**

Please Print			Date		
1. PERSONAL					
Name - Last	First	M. I.	Are you 16 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	DOB _____	
Social Security # - -			Phone: Home ()	Daytime ()	
Street Address			Cell Phone: ()		
City	State	Zip Code	Email: Other Names Used:		
2. POSITION APPLIED FOR					
Position		F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp <input type="checkbox"/>		Date Available	Salary Expected
Hours Available			Are you able to work overtime? Yes No		
Have you ever worked for OFC before?		If yes, dates employed.		Where?	
Position		Supervisor			
3. PREVIOUS EMPLOYMENT (List most recent experience first. If additional space is needed, please attach a separate page.)					
Name, Address & Telephone # of Previous Employer		Job Title & Duties Performed		Dates	
		Starting Position	Wage	From	To
		Ending Position	Wage		
Immediate Supervisor:					
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		Duties:			
Reason for leaving:					
Name, Address & Telephone # of Previous Employer		Starting Position		Wage	
		From	To		
		Ending Position	Wage		
Immediate Supervisor:					
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		Duties:			
Reason for leaving:					
Name, Address & Telephone # of Previous Employer		Starting Position		Wage	
		From	To		
		Ending Position	Wage		
Immediate Supervisor:					
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		Duties:			
Reason for leaving:					
4. EDUCATION					
School - Circle highest year completed: 6 7 8 9 10 11 12			Completed G.E.D.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name University, College, or Business School & Location		Major Subject	No. Years Completed	No. Units Completed	Diploma/ Degree or Certificate
					Date Graduated
Employment Related Education or Training					
Course Title		Name of School or Organization		No. Hours	Date

5. REFERENCES

List three persons who can give information about your work experience, skills, character, and abilities (at least 2 references must be past employers or professionals):

Name	Address	Telephone	Nature of Acquaintance

6. PROFESSIONAL AND TECHNICAL QUALIFICATIONS

A. List work-related licenses or certificates of competence held:

B. Have you ever had a professional or work-related license revoked or suspended? Yes No
If the answer to the above question is yes, please explain (attach extra paper if necessary):

C. Names of professional associations of which you are a member:

7. OTHER INFORMATION

Can you perform the essential functions of this position with or without reasonable accommodation? Yes No

Have you ever been accused of, participated in, or been convicted of sexual misconduct? Yes No

Except for minor traffic offenses, have you ever been convicted of a criminal offense, or entered a plea of "Guilty," "No Contest" or had a withheld judgment to a criminal offense? Yes No

If the answer to the above question is yes, please list all and explain (attach extra paper if necessary) :

Are you legally eligible for employment in the U.S.? Yes No

If hired, can you show proof of authorization to work in the U.S.? Yes No

Do you possess a valid Idaho driver=s license? Yes No

If No, can you get one within 30 days? Yes No

Has your driver's license ever been suspended or revoked? Yes No If Yes, please explain:

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief, and I understand that intentionally giving false information may result in refusal of employment or termination of employment if discovered after the date of hire. I also authorize the employers, schools, or persons named above to provide information regarding my employment, education, character and qualifications. I understand that information obtained from the above persons or others will be used for the purpose of making employment related decisions and that the results will be kept strictly confidential.

If a criminal background check or medical examination is required for the position for which I am applying, any offer of employment is contingent upon satisfactory completion of such background check and/or testing.

I also understand and agree that if hired, my employment is for no definite period and either the employer or I may terminate our relationship at will at any time without notice or reason and that this employment application does not constitute an employment contract.

Signature

Date