



4 HIM FOOD GROUP

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - Reasonable accommodation will be provided as required by law

Last Name:		First Name:		Middle Initial	Last 4 of SS#:		
Street Address:		City/State:	Zip Code:	Phone Number:			
				Alternate Phone Number:			
If hired, can you provide evidence of legal eligibiliy to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No			<i>An offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.</i>				
Desired Position:		Desired Wage/Salary:	I am lookin for: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part Time <input type="checkbox"/> Either				
Date you can begin work:	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If under 18 years of age, you will be required to submit a birth certifcate or work certificate as required by state or Federal law.</i>					
Name of high school attended:	City/State:	Graduate?	GED?	Other?			
Name of college or technical school:	City/State:	Graduate?	Degree?	Major:			
Are you presently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give name & address of school and expected degree date:					
List any job-related skills or accomplishments, including military service:							
Your Availability or Work							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:	Do you have any special requests or needs for a work schedule?						
Provide three references who are not former employers who we may contact:							
Name & Occupation		How do you know them?		How long?	Phone Number		

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YOUR EMPLOYMENT HISTORY

Name of Employer:	Job Title: Duties
Address:	Dates of Employment: From: To:
City, State, Zip:	Hourly pay or salary: Starting pay: Ending Pay:
Supervisor: Telephone:	Reason for Leaving:

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CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, including a criminal background and drug tests as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment or may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in the application and also authorize any person, school, current employer, past employers and other organizations, to provide information concerning my previous employment and other relevant information that may be useful in making a sound hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand and agree to the above statements.

Signature: _____

Date: _____