



EMPLOYMENT APPLICATION

POSITION APPLYING FOR:		
FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	APPLICATION DATE:

PERSONAL	LAST NAME		FIRST NAME		MIDDLE INITIAL	
	IF YES, PROVIDE NAME BELOW FOR REFERENCE CHECK.					
	STREET ADDRESS		APT #	CITY	STATE	ZIP CODE
	PHONE NUMBER			EMAIL ADDRESS		
	EMERGENCY CONTACT NAME		PHONE NUMBER		RELATIONSHIP	
	IF UNDER 18 YEARS IF AGE, CAN YOU SUBMIT A WORK PERMIT? YES <input type="checkbox"/> NO <input type="checkbox"/>					

JOB	SHIFT/DAY PREFERRED (CIRCLE B: BREAKFAST/L: LUNCH/D:DINNER/BR: BRUNCH)								
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY			
	B L D	B L D	B L D	B L D	B L D	BR D			
	HOW DID YOU HEAR ABOUT THIS JOB OPENING?								
<input type="checkbox"/> FRIEND/RELATIVE		<input type="checkbox"/> WALK-IN		<input type="checkbox"/> AD		<input type="checkbox"/> SOCIAL MEDIA		<input type="checkbox"/> OTHER (SPECIFY)	

EDUCATION	INSTITUTION	NAME	LOCATION	YEARS ATTENDED	DIPLOMA/ DEGREE
	HIGH SCHOOL				
	COLLEGE/TRADE SCHOOL				
	NOTES				

WORK HISTORY	LAST EMPLOYER NAME		ADDRESS			
	POSITION		DESCRIPTION OF DUTIES			
	DATE OF HIRE & STARTING PAY				DATE LEFT & ENDING PAY	
	SUPERVISOR NAME				PHONE NUMBER	
	MAY WE CONTACT YOUR FORMER SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>					

W O R K H I S T O R Y	PREVIOUS EMPLOYER NAME		ADDRESS	
	POSITION		DESCRIPTION OF DUTIES	
	DATE OF HIRE & STARTING PAY		DATE LEFT & ENDING PAY	
	SUPERVISOR NAME		PHONE NUMBER	
	MAY WE CONTACT YOUR FORMER SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>			

W O R K H I S T O R Y	PREVIOUS EMPLOYER NAME		ADDRESS	
	POSITION		DESCRIPTION OF DUTIES	
	DATE OF HIRE & STARTING PAY		DATE LEFT & ENDING PAY	
	SUPERVISOR NAME		PHONE NUMBER	
	MAY WE CONTACT YOUR FORMER SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>			

S T A T E M E N T & S I G N A T U R E	<p>1. I hereby certify that the information on this application is correct and complete to the best of my knowledge.</p> <p>2. I agree to have any of the information i have provided to be verified by GOOD Kitchen+Market unless I have indicated to the contrary.</p> <p>3. Further, I understand that the falsification or omission of any information on this application may be considered sufficient cause for immediate termination if I receive a job offer.</p> <p>4. I agree that if employed, I will abide by all policies and procedures established by GOOD Kitchen+Market.</p> <p>5. Your employment with GOOD Kitchen+Market is at will. This means your employment is for an indefinite period of time and it is subject to termination by you or the Company, with or without cause, with or without notice, and at any time. Nothing in this policy or any other policy of GOOD Kitchen+Market shall be interpreted to be in conflict with or to eliminate or modify in any way, the at will employment status of GOOD Kitchen+Market employees. The at will employment status of an employee of GOOD Kitchen+Market may be modified only in a written employment agreement with that employee which is signed by the President of the Company.</p> <p>By your signature below, you acknowledge your understanding that your employment with [employer name] is at will, and that nothing on this application is intended to constitute a contract of employment, express or implied.</p>			
	SIGNATURE		DATE	

FOR COMPANY USE ONLY		
INTERVIEWED: YES <input type="checkbox"/> NO <input type="checkbox"/>	EMPLOYED: YES <input type="checkbox"/> NO <input type="checkbox"/>	JOB TITLE:
STARTING DATE:	PAY RATE:	NOTES:
MANAGER SIGNATURE:		DATE: