



**Most Recently Employment:**

Company Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_  
 Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_ Duties \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_  
 Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_ Duties \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_  
 Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_ Duties \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

May we contact your current employer for a reference?  Yes  No

If NO, please explain? \_\_\_\_\_

**References:** *List two individuals who have knowledge of your work ethic, experience, and ability. (Please do not include individuals listed in Most Recently Employment section or family member.)*

Name: \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_ Year known \_\_\_\_\_  
 Address \_\_\_\_\_

Name: \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_ Year known \_\_\_\_\_  
 Address \_\_\_\_\_

The Secretary of Health & Human Service has determined that certain diseases, including Hepatitis A, typhoid fever (*Salmonella typhi*), shigellosis (*Shigella spp.*), and E coli (*Escherichia coli 0157:H7*) may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling & serving food, food service equipment, and utensils in a sanitary and healthy fashion. Are you able to perform the essential functions of this job with or without a reasonable accommodation?  
 Yes  No If NO, please explain: \_\_\_\_\_

I CERTIFY THAT I HAVE READ AND FULLY COMPLETE BOTH SIDES OF THIS APPLICATION AND THAT THE INFORMATION CONTAINED HEREIN IS CORRECT THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION OR FALSE INFORMATION IS GROUNDS FOR DISMISSAL. I AUTHORIZED THE REFERENCES LISTED ON THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE PERSONAL AND OTHERWISE. I UNDERSTAND THAT AS A PART OF THE PROCEDURE FOR MY EMPLOYMENT APPLICATION AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE CONCERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**For Official Use Only**

**Comments:** \_\_\_\_\_  
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