

Cafeteria Alternatives, Inc.  
 Application for Employment  
 Equal Opportunity Employer

WE CANNOT TAKE CALLS FROM APPLICANTS - EXCEPT TO CHANGE CONTACT INFO PLEASE DO NOT CALL OUR OFFICE

THE CAFETERIA IS OPEN 365 DAYS A YEAR, 24 HOURS A DAY. ALL EMPLOYEES REQUIRED TO WORK WEEKENDS AND HOLIDAYS

NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER	DATE
PRESENT ADDRESS	CITY, STATE	ZIP CODE
PHONE	REFERRED BY	

POSITION DESIRED	DATE YOU CAN START	PAY RATE DESIRED
DAYS AVAILABLE (CHECK EACH)		ARE YOU INTERESTED IN (CHECK ALL THAT APPLY)
MON _____ TUE _____ WED _____ THU _____ FRI _____ SAT _____ SUN _____		FULL-TIME _____ PART-TIME _____ 3RD SHIFT _____

EDUCATION	NAME & LOCATION OF SCHOOL	SUBJECTS STUDIED	YEARS ATTENDED	GRADUATE?
HIGH SCHOOL				
COLLEGE				
OTHER				

GENERAL

SUBJECTS OF SPECIAL STUDY, TRAINING OR SKILLS PERTINENT TO POSITION APPLIED FOR:	
MILITARY OR NAVAL SERVICE INCLUDING RANK	HAVE YOU <u>EVER</u> BEEN CONVICTED OF A FELONY?

FORMER EMPLOYERS	MONTH / YEAR	NAME OF EMPLOYER AND CITY	PAY & POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED ON OTHER SIDE

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SCHEDULING LIMITATIONS: List days and times you cannot work.


AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE CAFETERIA ALTERNATIVES, INC. AND THE COMPANY PROVIDING THE INFORMATION, FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE APPLICATION COMPLETED	APPLICANTS SIGNATURE - sign directly over the statement below after reading EXCEPT TO UPDATE CONTACT INFO - DO NOT CALL OUR OFFICE
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-----APPLICANT, DO NOT WRITE BELOW THIS LINE-----

INTERVIEWED BY (Manager's signature)	DATE (Manager)
POSITION AND START DATE (Manager)	RATE OF PAY (Completed by hiring manager)

REMARKS

NEATNESS	CHARACTER
PERSONALITY	ABILITY