



APPLICATION FOR EMPLOYMENT

Personal Information

Name (Last, First, Middle) _____

Home Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Are over 18? _____ Are over 21? _____ Can you be legally employed in the U.S.? _____

Do you have reliable transportation? _____

Have you ever been convicted of a crime other than a minor traffic violation? _____

If yes, please explain _____

Position applying for: _____ Salary Requirement _____

Date available to start: _____

Friends is open from 6:30-6:00. Is there anything that would hinder you from working during any of our hours of operation? _____ If yes, please explain below.

Monday	Tuesday	Wednesday	Thursday	Friday

Educational Background

Institution City/State	Dates Attended	Diploma / Degree	Area of Study

Please list any certificates or licenses in any profession that you hold in IN or MI.

Employment History

Please list last 3 places of employment. List most recent employment first.

Employer Name _____ Supervisor _____
 Address _____
 Phone Number _____ Dates Employed _____
 Position/Salary _____
 Reason for Leaving _____

Employer Name _____ Supervisor _____
 Address _____
 Phone Number _____ Dates Employed _____
 Position/Salary _____
 Reason for Leaving _____

Employer Name _____ Supervisor _____
 Phone Number _____ Dates Employed _____
 Position/Salary _____
 Reason for Leaving _____

Personal and Professional References

Please provide three (3) references (please no relatives) who are acquainted with your work or have worked with you in the past.

Name	Address/Company	Occupation	Telephone Number

Please list any qualifications you feel may be applicable to the position for which you are applying.

1. The state of Indiana requires all employees to have a physical and a TB inoculation on file before employment begins. The Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, giardia and complyobacter may prevent you from serving or handling food in a sanitary fashion. Is there any reason why you cannot perform any essential functions of this job? _____ If yes, please explain.

2. I hereby certify that this application was completed by me and that the facts set forth in this application are true and agree that you may investigate my statements. I understand and agree that misrepresentation or omission of facts on this application will be cause for dismissal from Friends School & Daycare at any time. I understand and agree that as part of the companies procedures for processing employment applications, an inquiry may be made which will provide applicable information concerning my past job performance, character, and general reputation. I understand that my employment is terminable "at will" that is the company reserves the right to terminate my employment at any time, with or without cause or notice.

Signature _____ Date _____