



L.M.R CATERING CO.

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, or any other legally protected status.



• POSITION(S) APPLIED FOR: _____ • DATE OF APPLICATION: _____

• HOW DID YOU LEARN ABOUT US: ADVERTISEMENT FRIEND INQUIRY
 EMPLOYMENT AGENCY RELATIVE OTHER _____

• LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

• ADDRESS: _____ CITY, STATE, ZIP: _____

• TELEPHONE NUMBERS: _____ SOCIAL SECURITY NUMBER (VOLUNTARY) _____

• BEST TIME TO CONTACT YOU AT HOME IS: A.M. P.M.

• IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? YES NO

• HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? IF YES, GIVE DATE. _____ YES NO

• HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? IF YES, GIVE DATE _____ YES NO

• DO ANY OF YOUR FRIENDS OR RELATIVES, OTHER THAN SPOUSE, WORK HERE? YES NO

IF YES, STATE NAME AND RELATIONSHIP _____

• ARE YOU CURRENTLY EMPLOYED? YES NO

• MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

• ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT. YES NO

• DATE AVAILABLE FOR WORK _____ WHAT IS YOUR SALARY RANGE? _____

• ARE YOU AVAILABLE TO WORK: FULL TIME:
 PART TIME:
 TEMPORARY - PLEASE INDICATE DATES AVAILABLE _____

• ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? YES NO

• DO YOU HAVE RELIABLE TRANSPORTATION TO THIS JOB SHOULD YOU BE HIRED? YES NO

• PLEASE LIST SOMEONE IN CASE OF EMERGENCY, SHOULD YOU BE HIRED: NAME _____ PHONE: _____

SCHOOL	NAME & CITY OF SCHOOL	COURSE OF STUDY	NO. YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
COLLEGE				
GRADUATE				
OTHER SPECIFY				

WORK EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB, INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, NATIONAL, ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS.

EMPLOYER	DATES EMPLOYED FROM TO		WORK PERFORMED
ADDRESS			
TELEPHONE NUMBER	HOURLY RATE/ SALARY STARTING FINAL		
STARTING/PRESENT JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			MAY WE CONTACT? YES <input type="radio"/> NO <input type="radio"/>
EMPLOYER	DATES EMPLOYED FROM TO		WORK PERFORMED
ADDRESS			
TELEPHONE NUMBER	HOURLY RATE/ SALARY STARTING FINAL		
STARTING/PRESENT JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			MAY WE CONTACT? YES <input type="radio"/> NO <input type="radio"/>
EMPLOYER	DATES EMPLOYED FROM TO		WORK PERFORMED
ADDRESS			
TELEPHONE NUMBER	HOURLY RATE/ SALARY STARTING FINAL		
STARTING/PRESENT JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			MAY WE CONTACT? YES <input type="radio"/> NO <input type="radio"/>

PERSONAL / PROFESSIONAL REFERENCES

DO NOT INCLUDE FAMILY MEMBERS OR PAST SUPERVISORS

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			

APPLICANT'S STATEMENT:

- I CERTIFY THE ANSWERS GIVEN HEREIN ARE TRUE AND CORRECT
- I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.
- THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.
- I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE.
- IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.
- IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE, I UNDERSTAND ALSO THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

SIGNATURE OF THE APPLICANT

DATE