



Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: () Driver License #

Date Available: Social Security No.: Desired Salary: \$

Position Applied for:

Are you a citizen of the US, or authorized to work in the United States? YES NO Have you ever worked for this company? YES NO

Have you ever had your driver license suspended? YES NO If yes, when?

Have you ever been convicted of a DWI? YES NO If yes, explain:

Have you ever been convicted of a felony? If yes, explain:

ALL APPLICANTS FOR A DRIVING POSITION WILL BE REQUIRED TO FURNISH A COPY OF THEIR DRIVING RECORD.

Education

High School: Address:

From: To: Did you graduate? YES NO Degree:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: Relationship:

Address: Phone: ()

Full Name: Relationship:

Address: Phone: ()

Full Name: Relationship:

Address: Phone: ()

Physical Record

Do you have any physical limitations that preclude you from performing any work for which you are being considered? If yes, what can be done to accommodate your limitation?

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

Drug Free Workplace:

Accent Food Services is committed in assuring a safe and productive workplace for all employees. While on our property or during the conduct of business, the use, possession, manufacture, sale or transfer of an illegal drug or alcohol is strictly prohibited. All applicants will be required to comply with our Drug Free Workplace Policy. All Accent Food Services applicants will be required to pass a pre-employment drug screening before beginning work.

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. Furthermore, I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice.

Signature: _____ Date: _____

AN EQUAL OPPORTUNITY EMPLOYER