

CHEESEMAKERS, INC.

Application for Employment

INTERVIEWER
DATE
POSITION APPLIED FOR

PERSONAL DATA					
LAST NAME		FIRST NAME		MIDDLE NAME	
STREET ADDRESS			CITY AND STATE		ZIP CODE
DATE OF BIRTH*	US CITIZEN YES NO	IF NO, RESIDENT CARD NUMBER			TELEPHONE NUMBER
AVAILABLE WORK DAYS/HOURS	CAN YOU WORK OVERTIME? YES NO SOMETIME		WILL YOU HAVE TRANSPORTATION TO WORK? YES NO SOMETIME		
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY OR NO CONTEST TO, A FELONY OFFENSE?*					
DESCRIBE IF YES:					
PERSON TO NOTIFY IN CASE OF EMERGENCY:	NAME	STREET ADDRESS		CITY, STATE, ZIP	TELEPHONE
DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PROHIBIT YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?*					
YES NO IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?					
ARE YOU IN THE MILITARY RESERVE? YES NO		WERE YOU EVER IN THE SERVICE? YES NO		DATE IN	DATE OUT
RANK AT DISCHARGE					

EDUCATION						
HIGH SCHOOL		FROM	TO	CITY/STATE	GPA	GRADUATE?
1.						YES NO
2.						YES NO
COLLEGE		CITY/STATE	FROM/TO	MAJOR	GPA	GRADUATE?
1.						YES NO
2.						YES NO
OTHER		CITY/STATE	FROM/TO	MAJOR	GPA	GRADUATE?
1.						YES NO
2.						YES NO

SKILLS		
COMPUTER YES NO	IF YES: DOS WINDOWS	SOFTWARE:
OTHER SKILLS FOR THIS SPECIFIC JOB		

BUSINESS REFERENCES BEGIN WITH MOST RECENT AND WORK BACKWARD							
FROM	TO	NAME OF FIRM			JOB TITLE		REASON FOR LEAVING
		STREET ADDRESS			PHONE		SUPERVISOR
		CITY	STATE	ZIP CODE	SALARY	PART-TIME FULL-TIME	
JOB DUTIES							
FROM	TO	NAME OF FIRM			JOB TITLE		REASON FOR LEAVING
		STREET ADDRESS			PHONE		SUPERVISOR
		CITY	STATE	ZIP CODE	SALARY	PART-TIME FULL-TIME	
JOB DUTIES							

* ALL LEGAL REQUIREMENTS PERTAINING TO FAIR EMPLOYMENT PRACTICES ARE COMPLIED WITH BY CFE. ITEMS COVERING INFORMATION YOU FEEL UNCOMFORTABLE ANSWERING SHOULD NOT BE COMPLETED. CFE IS AN EQUAL OPPORTUNITY EMPLOYER.

FROM	TO	NAME OF FIRM		JOB TITLE		REASON FOR LEAVING	
		STREET ADDRESS		PHONE		SUPERVISOR	
		CITY	STATE	ZIP CODE	SALARY	PART-TIME	FULL-TIME
JOB DUTIES							
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		CITY	STATE	ZIP CODE	SALARY	PART-TIME	FULL-TIME
JOB DUTIES							

ACCEPTABLE STARTING WAGE: \$ _____

I CERTIFY THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY ABILITY. I UNDERSTAND THAT MISREPRESENTATION OR ADMISSION OF FACTS IS CAUSE FOR DISMISSAL. I AM WILLING TO TAKE A PHYSICAL OR OTHER EXAMINATIONS WHEN REQUIRED. I UNDERSTAND THAT AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED BY THIRD PARTIES, INCLUDING INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, ETC. AND RELEASE OF SCHOOL AND/OR COLLEGE TRANSCRIPTS. I HEREBY AUTHORIZE MY PRIOR EMPLOYER(S) TO RELEASE ANY AND ALL INFORMATION RELATING TO MY EMPLOYMENT WITH THAT (THOSE) COMPANY(IES). I FURTHER RELEASE ALL PARTIES FROM ANY AND ALL LIABILITY THAT MAY RESULT FROM THE RELEASE AND/OR USE OF SUCH INFORMATION.

SIGNATURE OF APPLICANT

DO NOT WRITE BELOW THIS LINE - FOR COMPANY USE ONLY

INTERVIEWER'S COMMENTS:

SCHL _____
SKLS _____
REFS _____
PHYS _____

START DATE _____
LOCATION _____
MANAGER _____
POSITION _____
WAGE _____

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