



# Application for Employment

**Personal Information**

Date: \_\_\_\_\_

I am over 16 years of age (Yes/No)

I am over 21 years of age (Yes/No)

Name (Last Name First)		Social Security Number	
Address	City	State	Zip
Cell Phone Number	E-mail		Referred By (If Applicable)

**Desired Employment**

Position	Available Start Date	Desired Pay Rate		
Are you currently employed? (Yes/No)	If yes, may we contact your present employer? (Yes/No)	Are you legally authorized to work in the U.S.? (Yes/No)		
Have you previously applied to The Cookery? (Yes/No)	Location NASHVILLE	Date Applied		
Have you been previously employed at The Cookery? (Yes/No)	Location NASHVILLE	Starting Date	Leaving Date	Last Supervisor at The Cookery
Reason For Leaving				
How did you find out about this position?				

**Education History**

	Name and Location of School	Years Attended	Did you graduate?
High School			
College			
Trade/Business School			

**Personal Circumstances**

Do you have reliable transportation? (Yes/No)

Please list any special training, certifications, licenses: \_\_\_\_\_

Have you been convicted of a felony or misdemeanor within the last 5 years? (Yes/No)

If yes, please provide details: \_\_\_\_\_

**(You will not be denied employment based solely on a conviction record, unless the offense is related to the job for which you have applied.)**

Please list the days and times you are available to work: \_\_\_\_\_

**References (At least 2 required)**

	Your Pastor	Previous Employer	Other	Other
Name				
Position/Role				
Phone Number				
E-mail				

**Former Employers**

Name of Present or Last Employer			
Address		City	State Zip
Starting Date	Leaving Date		Job Title
Name of Supervisor		Title	Phone
Description of Work			
			May we contact your Supervisor? (Yes/No)
Reason for Leaving			

Name of Previous Employer			
Address		City	State Zip
Starting Date	Leaving Date		Job Title
Name of Supervisor		Title	Phone
Description of Work			
			May we contact your Supervisor? (Yes/No)
Reason for Leaving			

Name of Previous Employer			
Address		City	State Zip
Starting Date	Leaving Date		Job Title
Name of Supervisor		Title	Phone
Description of Work			
			May we contact your Supervisor? (Yes/No)
Reason for Leaving			

**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 herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand and agree that no representative of The Cookery has any authority to enter into any agreement for employment for any 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I also understand that I may be required to take a drug test as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by The Cookery, and to release the Company, it's directors, managers, and employees from any claim arising in connection with the use of such test(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date