

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME	EMAIL ADDRESS	PHONE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE

AVAILABILITY

ENTER TIME AVAILABILITY FOR EACH DAY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
IF THE ABOVE SCHEDULE IS FLEXIBLE, PLEASE CHECK PREFERENCE <input type="checkbox"/> OPENING <input type="checkbox"/> MID-SHIFT <input type="checkbox"/> CLOSING						

*NOTE: ANY PREFERENCE GIVEN DOES NOT IMPLY THAT SCHEDULE IS AVAILABLE

EMPLOYMENT DESIRED

POSITION	FOR WHICH MOKA LOCATION ARE YOU APPLYING?		
ARE YOU CURRENTLY EMPLOYED? (CHECK ONE) <input type="checkbox"/> YES NAME OF EMPLOYER _____ <input type="checkbox"/> NO IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? (CHECK ONE) <input type="checkbox"/> YES CONTACT INFORMATION _____ <input type="checkbox"/> NO	DATE YOU CAN START	HOURS PER WEEK DESIRED	SALARY DESIRED
HAVE YOU APPLIED TO ANOTHER MOKA LOCATION? (CHECK ONE) <input type="checkbox"/> YES LOCATION _____ <input type="checkbox"/> NO		HAVE YOU APPLIED TO THIS LOCATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOU APPLIED TO A PREVIOUS MOKA LOCATION, WHEN DID YOU APPLY? DATE APPLIED _____			

EDUCATIONAL HISTORY

NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDANCE SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH, WORK OR SPECIAL TRAINING/SKILLS

EMPLOYMENT HISTORY LIST BELOW LAST FOUR EMPLOYERS; LISTING MOST RECENT FIRST

EMPLOYER NAME AND ADDRESS	MONTH AND YEAR	SALARY	POSITION	REASON FOR LEAVING
	FROM: TO:			
	FROM: TO:			
	FROM: TO:			
	FROM: TO:			

APPLICATION FOR EMPLOYMENT

REFERENCES GIVE THE NAME OF THREE PERSONS BELOW TO WHOM YOU ARE NOT RELATED AND HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE	BUSINESS	YEARS KNOWN

ADDITIONAL COMMENTS

PLEASE INCLUDE ANY ADDITIONAL COMMENTS/INFORMATION NOT LISTED IN SECTIONS ABOVE (OPTIONAL)

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 CONTAINED 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 DAMAGES THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY 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."

SIGNATURE

DATE