



THE FOOD SHACK

EMPLOYMENT APPLICATION

Personal Information

Name (Last)	(First)	(MI)	Today's Date
			/ /
Home Address	City	St	Zip
Home Phone	Cell Phone		
()	()		
E-Mail			

Position Applying For	Date Available	Are you interested in (check all that apply)						
	/ /	<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer						
Days and Hours Available.								
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Are you 18 years of age or older? Yes_____ No_____
From:								
To								
How did you hear about the position?								
Ad_____	Friend (NAME)_____			Other_____				

Education

Name and Address of School	Degree/Area of Study	Number of Years Attended	Did you Graduate?
High School			
College			
Graduate School			
Other			

U.S. Military Service

Branch of Service	Technical Specialization	Rank Attained

Legal

Are you legally authorized to work in the US? Yes No
 (Identity and employment of all new hires will be verified as required by the Immigration Reform and control acts of 1986)

Were you ever Discharged by any company? Yes No If yes give name of company(ies) _____

Reason for discharge _____

It is unlawful in Massachusetts to require or administer a lie detector test as condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Federal, State, and local laws prohibit discrimination based on race, color, sex, religion, sexual orientation, national origin, ancestry, age, physical or mental disability that does not affect ability to perform essential job function(s) with or without reasonable accommodation, or any protected status not listed in this statement. Your application will be considered in full accord with applicable Federal, State, and local requirements.

Employment History

DATES	Name and Address of Employer	Positions Held and Supervisor	List Major Duties	Salary or wages	Reason For Leaving
From: _____ Mo. Yr.	Name: _____ Address: _____	Your Job Title: _____		Starting: _____	
To: _____ Mo. Yr.	City & State Phone ()	Supervisor		Final: _____	
DATES	Name and Address of Employer	Positions Held and Supervisor	List Major Duties	Salary or wages	Reason For Leaving
From: _____ Mo. Yr.	Name: _____ Address: _____	Your Job Title: _____		Starting: _____	
To: _____ Mo. Yr.	City & State Phone ()	Supervisor		Final: _____	
DATES	Name and Address of Employer	Positions Held and Supervisor	List Major Duties	Salary or wages	Reason For Leaving
From: _____ Mo. Yr.	Name: _____ Address: _____	Your Job Title: _____		Starting: _____	
To: _____ Mo. Yr.	City & State Phone ()	Supervisor		Final: _____	

References

Business References: (do not list relatives)				
Name	Address	Work Phone No.	Title	Years Known

Please Read Carefully

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Flat Waves.

I understand that in submitting this application to Flat Waves is for the purpose of obtaining employment. I acknowledge that the use of this form, and my filing it out, does not indicate that any positions are open, nor does it obligate Flat Waves to further process my application.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with Flat Waves.

I understand that this application is not an employment contract for any specific length of time between Flat Waves and me, and that in the event I am hired, my employment will be "at will" and Flat Waves can terminate my employment at any time with or without cause or notice. Nothing contained in any handbook, manual, policy and the like, distributed by Flat Waves to its employees is intended to or can create an employment contract, an offer of employment or any obligation on Flat Waves' part. Flat Waves may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employment.

References: I hereby authorize Flat Waves and its agents to make such investigation and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize Flat Waves and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Applicants signature

____/____/____

Date