



# The Kitchen, Inc.

A HELPING COMMUNITY

1630 N. Jefferson, Springfield, MO 65803

(417) 837-1500

## APPLICATION FOR EMPLOYMENT

- All information obtained within this application will be held in strict confidence, subject to applicable law.
- Please complete all applicable sections and sign the last page.
- **Please Print Clearly.**

**The Kitchen Inc. prides itself on being an Equal Opportunity Employer. We will not discriminate in employment because of sex, age, race, physical disability, religion, ethnicity, mental disability, marital status, ancestry, or place of origin.**

1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Are you legally entitled to work in USA? \_\_\_\_\_

Proof will be required upon hire

Position (s) applied for: \_\_\_\_\_

Date you are available for employment: \_\_\_\_\_

Wage or salary desired: \_\_\_\_\_

Have you ever worked for The Kitchen, Inc.?  
\_\_\_\_\_

If yes, when and where?  
\_\_\_\_\_

Have you ever volunteered or been employed for The  
Kitchen, Inc.?  
\_\_\_\_\_

If yes, when and where?  
\_\_\_\_\_

### EDUCATIONAL BACKGROUND

Highest level of education completed: \_\_\_\_\_

Name of educational institute: \_\_\_\_\_

What machines or equipment have you operated which relate to the position you have applied for?  
\_\_\_\_\_  
\_\_\_\_\_

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Are there any skills, experience or other qualifications that you feel would assist you in performing the duties of the position you have applied for?

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Veteran? \_\_\_\_\_ Dates: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Discharge Status: \_\_\_\_\_

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**List below your last four employers, starting with the most recent.**

3

Employer's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Position(s) Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact this employer? (If not, state brief reason): \_\_\_\_\_

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3

Employer's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

a

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Position(s) Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact this employer? (If not, state brief reason): \_\_\_\_\_

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3  
b

Employer's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Position(s) Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact this employer? (If not, state brief reason): \_\_\_\_\_

3  
c

Employer's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Position(s) Held: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact this employer? (If not, state brief reason): \_\_\_\_\_

4

**Please Complete this section:**

Do you have a valid driver's license? \_\_\_\_\_ License # \_\_\_\_\_ State: \_\_\_\_\_

**Note:** If you are selected for an interview, you are required to present a copy of your valid driver's license and proof of citizenship. After being hired, a copy of your driver's license and proof of citizenship will be placed into your personnel file.

False information given or implied on an application form is grounds for immediate dismissal without further notice.

I hereby state that all information provided is accurate and may be verified by you. I agree that I may be discharged if The Kitchen, Inc., at any time learns of falsification or material omission in the information provided on this application form and related documents. The Kitchen, Inc. may contact my former employers in connection with the consideration of my employment with them. All references are hereby authorized to release all information that they may have relevant to my employment with them. I hereby release The Kitchen, Inc., its affiliates, successors, and assigns, and all references from any liability that might be claimed because of information provided by such references.

**I agree that I will follow all policies, rules, procedures, and all other directions pertaining to my employment. I understand that The Kitchen, Inc. reserves the right to add, change, and/or delete any policies procedures, work rules, and/or delete any benefits at any time. The Kitchen, Inc. requires all new employees to pass a drug test and random testing will be required of all employees throughout employment.**

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

**NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT WHO DOES NOT SIGN THE ABOVE STATEMENT.**

**Note:** Additional personal information will be required to complete benefit forms after being hired.

**Thank you for showing an interest in pursuing a career with The Kitchen, Inc.**