



Employment Application

1630 N. Jefferson, Springfield, Missouri 65803

Phone: 417-837-1500 Fax: 417-831-6709

In compliance with Federal and State Equal Employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group.

Applicant Information

Full Name: _____ Date: _____

First
middle initial
Last

Address: _____

Street address
City
State
Zip code

Phone: _____ Email: _____

Position: _____ Start date available: _____

Do you have the legal right to be employed in the United States? Yes (proof required) No

Have you been convicted of a felony? Yes No

Have you worked for The Kitchen, Inc. before? Yes dates: _____ No

Have you volunteered for The Kitchen, Inc.? Yes dates: _____ No

How did you find out about the position? _____

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:

Previous Employment

Company: _____ Phone: _____

Address: _____

Dates of employment: From _____ To _____

Job Title: _____ Starting pay: _____ Ending pay: _____

Description of job duties:

May we contact your previous supervisor for a reference: Yes No

Supervisor Name and title: _____



Company: _____ Phone: _____

Address: _____

Dates of employment: From _____ To _____

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Description of job duties:

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Description of job duties:

May we contact your previous supervisor for a reference: Yes No

Supervisor Name and title: _____

References

Identify three persons who know your work.

Full Name: _____ Relationship: _____

Company: _____ Phone number: _____

Position or Title: _____ Years known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone number: _____

Position or Title: _____ Years known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone number: _____

Position or Title: _____ Years known: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Discharge Status: _____

Notifications

Positions with duties requiring the use of personal or company vehicle require a valid Missouri Driver License and approval by our current insurance carrier. Verification of your auto insurance policy with applicable liability limits will be required upon an offer of employment.

All job offers are contingent on completing a drug screen and background screen.

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information that I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate Signature

Date