

# KAZY'S GOURMET SHOP



K&T Oriental Imports, Inc. DBA Kazy's Gourmet Shop  
 9256 Markville Drive, Dallas, Texas 75243  
 Phone: 972.235.4831 Fax: 972.235.0408 Email: info@kazysdallas.com

## APPLICATION

If questions are not applicable, please denote using "None" in space provided.

PERSONAL INFORMATION		
Last Name	First Name	Middle Name
Address		How Long?
City	State	Zip Code
Date of birth	Social Security Number	
Cell Phone Number		Alternate Phone Number
Email address		
Are you currently employed? Yes ___ No ___		If yes, where?
Are you legally able to work in the United States? Yes ___ No ___		<i>*We require completed I-9 Forms prior to start of employment.</i>
Have you been previously employed here? Yes ___ No ___		If so, when?
Have you ever been convicted of a felony? Yes ___ No ___		If yes, explain

EMPLOYMENT HISTORY		
Last Employer Name		
Address		
Years Employed	Starting Salary	Ending Salary

Position	Duties/Responsibilities	
Reason For Leaving		
Supervisor Name	Phone Number	Can we contact? Yes ____ No ____
Explain any gaps in employment and/or unemployment. Include applicable dates and reason:		

EDUCATION		
High School	Location	
Years Completed	Did you graduate? Yes ____ No ____	Subjects Studied
College	Location	
Years Completed	Did you graduate? Yes ____ No ____	Subjects Studied
Other	Location	
Years Completed	Did you graduate? Yes ____ No ____	Subjects Studied

REFERENCES	
Provide names of three people (non family members) who have known you for at least one year	
Name	Profession
Length of Acquaintance	Phone Number
Name	Profession
Length of Acquaintance	Phone Number
Name	Profession
Length of Acquaintance	Phone Number

**DISCLAIMER AND SIGNATURE**

I certify that this application was completed by me, and 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 damage 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.

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.

Printed Name

Signature

Date