

KITCHEN KAPERS APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name _____ Date _____

List Any Previous Names Under Which Employment or Education May Be Verified

Present Address _____
(Street) (City) (State) (Zip)

Social Security Number _____ Telephone Number _____

Permanent Address _____
(Street) (City) (State) (Zip)

If you are under 18, can you furnish a work permit if it is required? Yes ☐ No ☐

Name and phone number of person to contact in case of an emergency: _____

Position Desired: Sales ☐ Management ☐ Warehouse ☐ Date You Can Start _____ Salary Desired _____

Full Time ☐ 30 or more hours per week Part Time ☐ 1-29 hours per week ☐ Summer ☐ Holidays

How did you hear about **kitchen kapers**? _____

Indicate hours available: (specify under each box whether hours are AM, PM, or Both)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

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Are you willing to be flexible on these times? Yes ☐ No ☐

EMPLOYMENT HISTORY

LIST BELOW YOUR LAST THREE POSITIONS, BEGINNING WITH YOUR MOST RECENT POSITION:

Years From/To	Name, Address, & Phone Number Of Employer	Your Position & Name of Your Supervisor	Starting Salary	Final Salary	Reason for Leaving

Are you presently employed? Yes ☐ No ☐

If yes, may we contact your present employer? Yes ☐ No ☐

Have you ever been dismissed or forced to resign from any employment?

Yes ☐ No ☐ If yes, please explain _____

If employment is offered, can you submit proof of legal employment authorization and identity? Yes ☐ No ☐

An Equal Opportunity Employer

Company Policy and Federal Law Forbids Discrimination Because of Age, Color, Race, Religion, Sex, Disability, or National Origin.
The Company Also Complies With Individual State Anti-Discrimination Statutes.

REFERENCES

List 3 reference names, telephone numbers, and years known (do not include relatives or employers):

EDUCATION (HIGH SCHOOL AND COLLEGE)

Type of School	Please print name of school or institution and location	Years Attended	Subjects Studied	Date Graduated
College				
High school				
Trade, Business School, or Other Training				

Why do you want to work at **kitchen kapers**? _____

How long would you like to work here? _____

What are your hobbies and interests? _____

WILLINGNESS CHECKLIST

Some of the functions required to maintain and operate **kitchen kapers** stores involve duties other than your principal capacities. Accordingly, would you be willing to:

Interact and be pleasant with customers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unload shipments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Break down cardboard and take trash to its proper place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wear a black apron?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Clean merchandise, the selling floor, the stock room, shelving, and the restroom(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Straighten displays and cabinets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Climb on ladders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work evenings and weekends?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work overtime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Change bulbs in lighting fixtures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

APPLICANT'S STATEMENT

I certify that all information given on this application is true and correct. I understand that **kitchen kapers, inc** may make an investigation of my work and personal history and I authorize all persons, schools, corporations, credit bureaus, and law enforcement agencies to supply any information concerning my background and release them from any liability and responsibility from their doing so. I also understand that, if hired, my employment would be "at will", which means I may be terminated at any time for any reason or no reason. Nothing contained in **kitchen kapers'** Operating Manual, the New Personnel Packet, the 90 Day Progress Report, or any other document provided to me will be construed as a guarantee that employment or any benefit will be continued for any period of time. Any change to the policies above must be in writing and signed by the President of the Company in order to be effective.

I further understand that if I currently need accommodations for employment due to a disability, I must notify **kitchen kapers, inc** in writing within fifteen days after the initial interview.

I further understand that **kitchen kapers, inc.** is a "tobacco/smoke free" workplace.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature: _____ Date: _____