

Joseph's Catering Service

Joseph's Country Manor & Grove

275 Columbia Avenue Depew, New York 14043

Phone: (716) 681-4538 Fax: (716) 681-2667 E-mail josephs@josephscatering.com

PERSONNEL RECORD						DATE:	
Name:				Social Security No.			
Address:				Date Of Birth:			
City & State:				Zip Code:			
Home Phone:		Work Phone:		Other Phone:			
U.S. Citizen: Yes No		Gender: Male Female		Dependents:			
Marital Status: <i>Single</i>		<i>Married</i>	<i>Separated</i>	<i>Divorced</i>	<i>Widowed</i>		
In Case Of Emergency Notify:							
1). Name:				Relationship:			
Address:				Phone:			
2). Name:				Relationship:			
Address:				Phone:			
Have You Ever Applied For Employment With Us?				Yes	No		
If Yes, What Month & Year?							
Relatives Working For Us:							
Position (S) Desired:				Pay Expected:			
Availability: Mon		Tue	Wed	Thu	Fri	Sat Sun	
Will You Work Overtime If Asked?							
Are You Legally Eligible For Employment In The United States?				Yes	No		
When Will You Be Available To Begin Work?							
Other Special Training Or Skills (Language, Machine Operation, Etc.)							
How Did You Learn Of Our Organization?							
E D U C A T I O N	School	Name and Location of School		Course Of Study	No. Of Years Completed	Did You Graduate ?	Degree Or Diploma
	<i>College</i>						
	<i>High</i>						
	<i>Elementary</i>						
Have You Ever Been Convicted Of A Crime In The Past Ten Years, Excluding Misdemeanors And Summary Offenses, Which Has Not Been Annulled, Expunged Or Sealed By The Court? _____ Yes _____ No (If Yes, Describe In Full):							
Have You Ever Received Workman's Compensation Or Disability Income Payments? _____ Yes _____ No (If Yes, Describe):							
Have You Physical Defects That Preclude You From Performing Certain Jobs? _____ Yes _____ No (If Yes, Describe Limitation):							

EMPLOYMENT		<i>Please Give Accurate, complete full-time and part-time employment record. Start with present or most recent employer.</i>	
Company Name:		Telephone:	
Address:		Employed (State Month And Year)	
		FROM	TO
Supervisor:	Start Pay:	Last Pay:	
Job Title & Describe Your Work:		Reason For Leaving	
May We Contact This Employer Listed Above? And If Not, Why?			
Company Name:		Telephone:	
Address:		Employed (State Month And Year)	
		FROM	TO
Supervisor:	Start Pay:	LAST Pay:	
Job Title & Describe Your Work:		Reason For Leaving	
May We Contact This Employer Listed Above? And If Not, Why?			
Company Name:		Telephone:	
Address:		Employed (State Month And Year)	
		FROM	TO
Supervisor:	Start Pay:	LAST Pay:	
Job Title & Describe Your Work:		Reason For Leaving	
May We Contact This Employer Listed Above? And If Not, Why?			
Company Name:		Telephone:	
Address:		Employed (State Month And Year)	
		FROM	TO
Supervisor:	Start Pay:	LAST Pay:	
Job Title & Describe Your Work:		Reason For Leaving	
May We Contact This Employer Listed Above? And If Not, Why?			
M I L I T A R Y	Complete This Section If You Served In The U.S. Armed Forces		Branch of Service:
	DUTIES & SPECIAL TRAINING:		PERIOD OF ACTIVE DUTY: From To
			RANK AT DISCHARGE:
			DATE OF FINAL DISCHARGE:

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature