



Date Received: _____

Received by: _____

APPLICANT INFORMATION

Name					Date of Birth		
Street Address					Apartment/Unit #		
City		State		ZIP			
Phone							
Email							
Date Available to Start				Desired Hourly Wage	\$		
Position Applied for				Location	<input type="checkbox"/> Chippewa Health Hut <input type="checkbox"/> Beaver Health Hut <input type="checkbox"/> Java Hut		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

EDUCATION

High School			Address				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
College			Address				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other			Address				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES

Please list three professional references.

Full Name		Relationship:	
Company		Phone:	
Full Name		Relationship:	
Company		Phone:	
Full Name		Relationship:	
Company		Phone:	

PREVIOUS EMPLOYMENT		
1. Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary \$	Ending Salary \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
2. Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary \$	Ending Salary \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3. Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary \$	Ending Salary \$
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

JOB INTEREST	
How many hours per week would you like to work?	
Are you available to work mornings?	YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain:
Are you available to work evenings?	YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain:
Are you available to work weekends?	YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain:
Describe any abilities, experience, or certifications that you believe would be helpful in this job.	
DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

Please return application to one of our locations, or submit electronically to healthhut7@yahoo.com