



Date Received: _____

Received by: _____

APPLICANT INFORMATION

| | | | | | |
|---|------------------------------|-----------------------------|--|---|-----------------------------|
| Last Name | | | | | |
| First Name | | M.I. | | | |
| Street Address | | Apartment/Unit # | | | |
| City | | State | | ZIP | |
| Phone | | | | | |
| E-mail Address | | | | | |
| Date Available | | Desired Hourly Wage | | | |
| Position Applied for | | Location | | <input type="checkbox"/> Chippewa Location <input type="checkbox"/> Beaver Location <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