



SOUTH of LANE

## FIREBEND SPECIALTIES LLC APPLICATION FOR EMPLOYMENT KITCHEN

DATE OF APPLICATION \_\_\_\_\_ POSITION DESIRED \_\_\_\_\_ WAGE DESIRED \$\_\_\_\_/HR

FULL LEGAL NAME (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

PRESENT ADDRESS (street) \_\_\_\_\_ (city) \_\_\_\_\_ (st) \_\_\_\_ (zip) \_\_\_\_\_

PRIMARY PHONE NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_ SECONDARY PHONE NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_

WORK EXPERIENCE: PLEASE LIST MOST RECENT FIRST

WHERE	POSITION HELD	DATES OF EMPLOYMENT

EDUCATION	NAME/LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE
HIGH SCHOOL			
COLLEGE			

SPECIAL SKILLS:

CERTIFICATIONS:

AREAS OF INTEREST AND HOBBIES

WORK EXPERIENCE (list the last four employers, starting with the most recent)				
DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	WAGE	REASON FOR LEAVING
FROM _____ TO				
FROM TO				
FROM _____ TO				
FROM _____ TO				

REFERENCES (persons whom you have known at least 2 years and who are not related to you)			
NAME	COMPLETE ADDRESS	INCLUDING BUSINESS NAME	YEARS KNOWN

AUTHORIZATION: "I certify 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 references and employers listed above to give you any and all information concerning my previous employment and any pertinent information that 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.

I understand that a consumer credit report and criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the Company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction may not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Have you ever been convicted of a felony? Y \_\_\_\_ N \_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_