



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: (____) _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Food Handler Certificate? YES [] NO []

Position Applied for: _____

Are you a citizen of the United States? YES [] NO [] If no, are you authorized to work in the U.S.? YES [] NO []
Have you ever worked for this company? YES [] NO [] If yes, when? _____
Have you ever been convicted of a felony? YES [] NO []

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES [] NO [] Degree: _____

College: _____

From: _____ To: _____ Did you graduate? YES [] NO [] Degree: _____

Other: _____

From: _____ To: _____ Did you graduate? YES [] NO [] Degree: _____

References

Please list three references.

Full Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Full Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Full Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Previous Employment

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 NO

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 NO

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 NO

NOTE:

Off the Cob Popcorn employees must be able to lift at least 50 pounds.

Are you able to lift at least 50 pounds? YES NO

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: _____

NAME: _____

In the chart below please give the times you are available to work between the hours of 10:00am – 8:00pm.

Days	Times Available to Work
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	