

**Application for Employment  
Community Kitchen of Monroe County, Inc.**

Date: \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a valid Indiana Driver's license?    Yes    No

**Employment Desired**

Position Applying for: \_\_\_\_\_

Date you could start: \_\_\_\_\_ Currently Employed?    Yes    No

May we contact your current employer?    Yes    No

**Employment History (current or most recent, first)**

Dates from/to	Employer & Address	Position/Salary	Reason for leaving
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**Education**

Name & Location of School	Dates attended	Did you graduate?
High School: _____	_____	_____
College: _____	_____	_____
Trade School: _____	_____	_____

Have you completed the Monroe County Health Department's Food Safety Certification Course or a similar course from another jurisdiction?

Yes    No    Certification#: \_\_\_\_\_

**Volunteer/Community Service/ Extra Curricular Experience**

Dates	Agency/Organization	Volunteer Activity/Duties
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

**Availability**

Please list the times that you ARE available to work:

Monday: _____	Thursday: _____
Tuesday: _____	Friday: _____
Wednesday: _____	Saturday: _____

**References** (Please list 3 persons not related to you, whom you have known for at least one year that we may contact)

Name	Phone	Business/Relationship to you	Years known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Please list your experiences that directly relate to the position for which you are applying**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

"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 the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from 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."

Date: \_\_\_\_\_ Signature: \_\_\_\_\_