

# Employee Application



## Personal Information

please print clearly

Date: 2/12/21

First Name Anna Middle Lucille Last Hafner  
Street Address 8809 N Cosby ave  
City/State/Zip Kansas City Missouri 64154 Phone (816) 799-9424  
Email address annalhafner@hotmail.com  
How did you find out about this job? ☐ Newspaper ☐ Referral ☒ Other Website  
If hired, do you have a reliable means of transportation to get to work? ☒ Yes ☐ No  
Are you legally authorized to work in the U.S.? ☒ Yes ☐ No (Proof of U.S. citizenship or immigration status will be required if hired.)  
Minimum salary expected Negotiable Are you at least 16 years old? ☒ Yes ☐ No  
Do you currently hold a food handler's permit that is applicable to this restaurant? ☐ Yes ☒ No

## Employment Data

Are you seeking: ☐ Temporary ☐ Full-time ☒ Part-time What position(s) are you applying for? Food Server  
What hours and shift(s) would you prefer to work? 25-29 hours a week  
What hours and shift(s) would you prefer not to work? \_\_\_\_\_  
Please indicate any shift(s) you would not be available to work. Before 2pm on weekdays  
Are you willing to work overtime? ☒ Yes ☐ No Weekends? ☒ Yes ☐ No Holidays? ☒ Yes ☐ No  
Are you currently employed? ☒ Yes ☐ No If hired, when would you be able to start? 2 weeks after hired date  
What commitments do you have, or anticipate, that may affect your schedule? School  
We may train on days you have other obligations. Are you willing to reschedule your plans to come to training? ☒ Yes ☐ No  
Have you ever worked for this organization before? ☐ Yes ☒ No If yes, name used: \_\_\_\_\_  
List any friends or relatives employed by this company: \_\_\_\_\_  
If offered a position, how long do you plan to remain with us? As long as possible  
Have you ever been discharged or asked to resign from any position? ☐ Yes ☒ No If yes, please describe: \_\_\_\_\_  
How many days have you missed from school or work in the last year other than approved vacation, sick, or disability leave? None  
How many days have you been late to school or work in the last year other than approved vacation, sick, or disability leave? once

## Education (Circle highest level attained.)

(currently a senior)																	
Elementary: 1 2 3 4 5 6 7 8						Secondary: 9 10 <u>11</u> 12 G.E.D						College: 1 2 3 4 5 6 7 8					
Name of School: _____						Name of School: <u>Barth Hill High School</u>						Name of School: _____					
Location of School: _____						Location of School: <u>Kansas City, MO</u>						Location of School: _____					
If in high school, are you enrolled in a recognized co-op program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												Degree & Major: _____					
If yes, identify program and school: _____												Minor: _____					



**Work History** (Please list your last three employers. Begin with the most recent.)

1. Company HVvee Phone No. with Area Code (816) 505-1000  
Address 8301 N st. clair Ave City/State/Zip Kansas City, Missouri, 64151  
Dates of Employment: From July 2020 To Present Salary: Beginning \$10.50 Ending \$11.00  
Job Title Customer Service Supervisor's Name & Title Kristy, Customer Service Manager  
Describe duties briefly: Solve customer problems/complaints, answer phone calls, provide money service  
Specific reason for leaving: In need of more hours
2. Company JCPenney Phone No. with Area Code (816) 410-2960  
Address 9100 N Skyview Ave City/State/Zip Kansas City, Missouri, 64154  
Dates of Employment: From October 2019 To January 2020 Salary: Beginning \$9.00 Ending \$9.00  
Job Title ~~Organizer~~ Sales associate Supervisor's Name & Title Megan, Human resources  
Describe duties briefly: Organize/stock shelves, help customers, cashier  
Specific reason for leaving: I was a seasonal employee
3. Company \_\_\_\_\_ Phone No. with Area Code ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_

May we contact all of the employers listed above? ☒ Yes ☐ No If not, tell us which one(s) you do not wish us to contact and why:

How many jobs have you had in the last five years that are not listed above? \_\_\_\_\_

Why are you seeking a new position at this time? I am needing more hours.

We have specific requirements for personal appearance for both the dining room and kitchen:

A clean, proper uniform, no excessive jewelry or makeup, and good general hygiene.

Are you willing to comply with these requirements?

☒ Yes ☐ No

**Please read the following carefully, then sign and date the application.**

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing. I have read, understand, and agree to the above.

Applicant's Signature Amel Hossain Date 2-12-21

Check over the foregoing application to make sure it is complete and signed.

We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, age, sex, national origin, religion, disability, genetic information, veteran status, pregnancy, citizenship, sexual orientation or any other basis protected by federal, state, or local law. This employment application is only active for 30 days. After this time a separate employment application must be submitted in order to be considered for employment.