

# Employee Application



## Personal Information

*please print clearly*

**Date:**

First Name Jeanne Middle I Last Crane  
Street Address 5812 N Belton Ave  
City/State/Zip Kansas City MO 64151 Phone ( 816 ) 316-9385  
Email address jsmith183@kc.rr.com  
How did you find out about this job? ☐ Newspaper ☐ Referral ☐ Other Corner Cafe 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 \$8-10 hr 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? server/hostess  
What hours and shift(s) would you prefer to work? breakfast hours  
What hours and shift(s) would you prefer *not* to work? lunch & dinner  
Please indicate any shift(s) you would not be available to work. none  
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? August  
What commitments do you have, or anticipate, that may affect your schedule? none  
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: N/A  
If offered a position, how long do you plan to remain with us? indefinitely  
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? 1

## Education (Circle highest level attained.)

Elementary: 1 2 3 4 5 6 7 <input checked="" type="checkbox"/> Secondary: 9 10 11 <input checked="" type="checkbox"/> G.E.D.	College: 1 2 3 4 5 <input checked="" type="checkbox"/> 7 8
Name of School: <u>Addison Elem</u> Name of School: <u>Addison High</u>	Name of School: <u>UMKC</u>
Location of School: <u>Addison NY</u> Location of School: <u>Addison NY</u>	Location of School: <u>KCMO</u>
If in high school, are you enrolled in a recognized co-op program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree & Major: <u>Master's/Education</u>
If yes, identify program and school: _____	Minor: <u>ESOL</u>



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

1. Company Hy-Vee Phone No. with Area Code ( 816-505-3111  
Address 5330 NW 64th Street City/State/Zip Kansas City MO 64151  
Dates of Employment: From 9/2016 To 3/2020 Salary: Beginning 8/hr Ending 11/hr  
Job Title server/hostess Supervisor's Name & Title Katie Smith  
Describe duties briefly: full-service breakfast server & hostess  
Specific reason for leaving: COVID-19 restaurant closing
2. Company KCKCC Phone No. with Area Code ( 913-334-1100  
Address 7250 State Avenue City/State/Zip Kansas City KS 66112  
Dates of Employment: From 2000 2012 Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title Director of Emerging Workers Supervisor's Name & Title Dr Marvin Hunt, Dean  
Describe duties briefly: recruit & advise urban-core students with focus on immigrant populations  
Specific reason for leaving: retired in 2012
3. Company KCKCC Phone No. with Area Code ( 913-334-1100  
Address 7250 State Avenue City/State/Zip Kansas City KS 66112  
Dates of Employment: From 1995 To 1997 Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Job Title ESL Adult Education - Lead Instructor Supervisor's Name & Title Rosemary Lischka, Director  
Describe duties briefly: \_\_\_\_\_  
Specific reason for leaving: taught & created curriculum at private language school

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? none

Why are you seeking a new position at this time? need to supplement my retirement funds

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

Jeanne A Crane

Date

07/10/2020

*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.