

the herb box

catering | eatery | market

Education and Training:		
WORK EXPERIENCE		
Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.		
Employer:		Address:
From to	Position Held:	Reason for leaving:
Manager's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Salary:		Final Salary:
Employer:		Address:
From to	Position Held:	Reason for leaving:
Manager's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Salary:		Final Salary:
Employer:		Address:
From to	Position Held:	Reason for leaving:
Manager's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Salary:		Final Salary:
Employer:		Address:
From to	Position Held:	Reason for leaving:
Manager's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Salary:		Final Salary:
Have you ever been convicted of a crime?* <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details, including date(s):		
* A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.		

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AUTHORIZATION AND ACKNOWLEDGMENTS

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal.

I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice.

Applicant Signature:

Date:

MASTER AVAILABILITY FORM

NAME: _____

HOME PHONE: _____ Maximum Shifts Wanted:

CELL PHONE: _____ (Three Shift per week Minimum)

Write down Reason for not being available in appropriate boxes below

BREAKFAST

mon	tue	wed	thur	fri	sat	sun

LUNCH

mon	tue	wed	thur	fri	sat	sun

DINNER

mon	tue	wed	thur	fri	sat	sun

SCHOOL SCHEDULE

If School is the reason listed above, provide daily school schedule in boxes below

mon	tue	wed	thur	fri	sat	sun