



APPLICATION FOR EMPLOYMENT

Personal information

Name _____ Referred by _____

Phone _____ Email _____

Address _____ City _____ State _____ zip _____

Employment Information

Position Applying For _____ Date you can start _____

Do you have a current and valid Food Handler's permit? _____

Please go to <http://slcohealth.org/programs/foodProtection/foodHandlerCards.html> for a class schedule or go to http://health.utah.gov/epi/community/sanitation/foodSafety/foodHandler_list.pdf for approved online classes.

(Server applicants only) Do you have current and valid alcohol server certification? _____

Please go to smart-utah.com for a class schedule or go to <http://dsamh.utah.gov/ucation-programs/> for approved online classes.

If not, are you willing to obtain certification(s) upon offer of employment? _____

Former employers (Please list last one first)

1. Employer _____ May we contact? _____

Phone _____ Employed From _____ To _____

Address _____ City _____ State _____

Supervisor's Name & title _____

Position & Duties performed _____

Reason for leaving _____

2. Employer _____ May we contact? _____

Phone _____ Employed From _____ To _____

Address _____ City _____ State _____

Supervisor's Name & title _____

Your Position & Duties performed _____

Reason for leaving _____

3. Employer _____ May we contact? _____

Phone _____ Employed From _____ To _____

Address _____ City _____ State _____

Supervisor's Name & title _____

Your Position & Duties performed _____

Reason for leaving _____

Background information

Have you ever pleaded “guilty”, “no contest”, or been convicted of a crime? _____

If yes, give dates and details _____

Answering “yes” to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Education

	Name, city & State	Graduated	Subjects Studied
High School			
College			
Other			

Are you currently in school? _____ Full or Part time? _____

Availability List what days & times you **CANNOT** work:

Personal Questions

How would Porcupine benefit from hiring you? _____

What would you feel would be the most challenging part of a job at Porcupine? _____

What does “Excellent Customer Service” mean to you? _____

Do you have any physical limitations that would prevent you from properly performing the work required at this job?

If yes, what can be done to accommodate your limitations? _____

Do you have any obligations (family or social) that would prevent you from working regularly? _____

What are your hobbies? _____

I certify that the statements on this form are true. I understand the information is subject to verification and that the making of false statements can be cause for dismissal. I authorize you to obtain information from former employers and others, and I release all concerned from any liability in that regret.

Signature _____ Date _____