

# Mothers Market & Kitchen - Employment Application

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us evaluate your qualifications for employment.

## PERSONAL

Date

Last Name  First Name  Middle  E-Mail Address

Permanent Street Address  City  State  Zip  Telephone

Are you **less than** 18 years of age?  If hired, can you provide proof of identity and legal authorization to work in the US?  Other names under which you have been previously employed

Names of friends or relatives employed in this organization  If yes, give date and position

Have you ever been employed here before?  Yes  No If yes, enter date  Are you available to work overtime?  Yes  No Are you available to work a flexible work schedule?  Yes  No

EXCEPT FOR OFFENSES PERTAINING TO MARIJUANA MORE THAN TWO YEARS AGO, HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR, OR ARE YOU OUT ON BAIL OR ON YOUR OWN RECOGNIZANCE PENDING TRIAL FOR SUCH AN OFFENSE?  Yes  No

If yes, list State, dates, offenses and dispositions (convictions are not an automatic disqualification)

### Emergency Contact Information

Name  Address  Telephone

## Employment Interests

Position desired or area of Interest  Second Choice  Date available  Salary expected

Type of employment you are seeking  Full time  Part time  Temporary  Summer Shifts you can work  Day  Swing  Night Where can you work?  Costa Mesa  Irvine  Laguna Woods  Huntington Beach  Santa Ana  Anaheim Hills

How were you referred to our organization?  Advertisement  Other Company  Agency  Employment Service  Employee  School  Self  Other Name of referral source

## Education/U.S. Military Service

School or Institution`	Name and address of school	Major	Units completed and grade average	Degrees and or diplomas
High School				
College				
College				
Other				

Honors or Awards received  Professional Certs or Licenses held

Are you taking any educational courses presently?  If yes, what and where?

Present community and professional affiliations or offices held

(You may exclude affiliations which may indicate race, color, ancestry, sex, handicap, religion, age or national origin)

U.S. Military Duties and special training which you believe are relevant to the position(s) desired

## References

List people that we may contact who are qualified to evaluate your capabilities (do not include relatives)	Telephone	Occupation	Years Known
Name, Address, City, State, Zip			

## Employment History

Give employment record as completely as possible, listing current or most recent employer first. Show unemployed or self-employed periods and indicate dates and comments on each period. Include part time or summer work.

Company Name	Address	Telephone	From	To
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Job Title	Supervisor's Name and Title	Type of Business	Last Wage	
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	
Description of Duties		Reason for Leaving		
<input style="width: 95%; height: 60px;" type="text"/>		<input style="width: 95%; height: 25px;" type="text"/>		
May we contact this employer? <input style="width: 60px; height: 25px;" type="checkbox"/>				

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# Employment History - continued

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Description of Duties		Reason for Leaving		
<input type="text"/>		<input type="text"/>		
May we contact this employer?				<input type="checkbox"/>

**You are not required to provide the following information and may simply leave it blank.**

Why are you applying at Mothers?

What are your personal goals?

What are your career objectives?

What are your current interests?

What was your most satisfying job experience?

What was your least satisfying job experience?

Please indicate the hours you are available to work each day

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Acknowledgment

1. I understand that prior to finalization of any offer of employment regarding certain job positions, the company may condition the offer of employment on satisfactory completion of a medical examination and/or a drug and alcohol screen. I agree to sign a release of medical information authorization form and submit to a medical examination and/or drug and alcohol screen should the employer condition my offer of employment upon successful completion of such an examination or screening.
2. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job offer extended to me will be withdrawn and if employed, I may be subject to immediate dismissal.
3. I authorize my employer to make any investigation allowed by law which my employer deems necessary for employment consideration and promotion within the organization.
4. I understand that this employment application and any offer of employment are not to be construed as a guarantee of employment for a specific time. I further understand that my employment with the organization does not constitute any form of contract, implied or expressed, and as such employment will be terminable at will for any reason either by myself or my employer upon notice of one party to the other. This at will aspect of my employment cannot be changed, waived or modified except by an express provision in an individual written employment contract signed by me and the employer's CEO or Chairman of the Board.

# Acknowledgment - continued

5. Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to my employer, or its products, customers, employees, plans or procedures. I agree to deliver to my employer any and all copies of confidential information, or other Company property, upon termination of the employment relationship or at any time upon my employer's request. I also agree not to solicit employees of my employer either during or for one year after employment to leave this employer and commence work with another Company.

6. I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above supercede and replace any prior understandings or discussions I have had with my employer and set forth the complete agreement between me and my employer regarding these matters.

Date

\_\_\_\_\_

Signature

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**DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.**

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