

Employment Application Form

Please complete this form and take a printed version to the interview together with copies of all relevant documentation. Upon completion a copy of this form will be retained in our database for future opportunities.

SECTION 1: PERSONAL INFORMATION					
First Name:					
Middle Name:					
Last Name:					
Alias					
Nationality:		Religion:			
Height: (ft)		Weight: (lb)			
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth (dd/mm/yyyy):		
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common Law <input type="checkbox"/>	Divorced <input type="checkbox"/>	
Number of Children:		Specify the Age of Each Child:			
Street Address:					
Telephone Number:		Cellular Number:			
E-mail Address:					
SECTION 2: NEXT OF KIN					
First Name:					
Middle Name:					
Last Name:					
Relationship:	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other <input type="checkbox"/>	If other, specify:	
Street Address:					
Telephone Number:		Cellular Number:			
SECTION 3: EDUCATION					
High School:					
Street Address:					
Certification:					
College / University:					
Street Address:					

Certification:	
Post-Graduate:	
Street Address:	
Certification:	

SECTION 4: REFERENCES

Please to list two professional references such as past employer(s) or notable persons in your area.

Full Name:		Title:	
Company:		Telephone Number:	
Street Address:			
Full Name:		Title:	
Company:		Telephone Number:	
Street Address:			

SECTION 5: PREVIOUS EMPLOYMENT

Company:		Telephone Number:	
Street Address:		Supervisor's Name:	
Job Title:		Starting Salary: (per month)	Ending Salary: (per month)
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company:		Telephone Number:	
Street Address:		Supervisor's Name:	
Job Title:		Starting Salary: (per month)	Ending Salary: (per month)
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company:		Telephone Number:	
Street Address:		Supervisor's Name:	
Job Title:		Starting Salary: (per month)	Ending Salary: (per month)
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 6: EMPLOYMENT INFORMATION

Position Applied for:				
Desired Salary:		Desired Payroll Cycle:	Monthly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>
Date Available to Begin Working (dd/mm/yyyy):				
Have you ever worked for this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when?	
Do you have any health conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, specify:	
Do you have a food handler's permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiration date (dd/mm/yyyy):	

SECTION 7: SPECIAL SKILLS INFORMATION (Outside of main career focus)

Building Construction <input type="checkbox"/>	I.T. <input type="checkbox"/>	Graphic Design <input type="checkbox"/>	Welding <input type="checkbox"/>
Plumbing <input type="checkbox"/>	Counseling <input type="checkbox"/>	Alethic (Football) <input type="checkbox"/>	Other, please specify below
Electrical <input type="checkbox"/>	Barbering <input type="checkbox"/>	Auto Mechanic <input type="checkbox"/>	

SECTION 8: EMPLOYMENT QUESTIONNAIRE

1. Have you ever worked on a night shift?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you prefer day shift or night shift? Please state the reason in the space below.	Day <input type="checkbox"/>	Night <input type="checkbox"/>
3. Do you have transportation problems getting to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Could you be on time at work for a 6 A.M. shift?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are you able to work any day of the week including Saturday and Sunday?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Would you be able to do overtime at a moment's notice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. If you were employed at Honey Bun (1982) Limited, would you have a problem doing tasks such as sweeping or cleaning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Who takes care of your children when ill?		
9. Are you always on time for work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Are you able to stand on your feet for long hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Have you ever supervised any number of staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Have you ever been terminated by a previous employer for fraudulent activity or dishonesty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. What kind of profession do you most want to do?		
14. What allergies do you have?		
15. Describe in a few sentences why you most want this job.		
16. Have you ever been in a job-related accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:		Date (dd/mm/yyyy):	
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