



ENCORE FOOD SERVICES APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME		SOCIAL SECURITY NUMBER		
CURRENT ADDRESS	CITY	STATE	ZIP CODE	
PHONE NO.	PHONE NO.	REFERRED BY		
HOW DID YOU HEAR ABOUT ENCORE				

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED		
ARE YOU CURRENTLY EMPLOYED	CAN WE CONTACT YOUR EMPLOYER	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US		
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE		(IF SO WHEN)		

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE
HIGH SCHOOL			
COLLEGE			
ANY OTHER SCHOOL			
ANY US MILITARY OR NAVAL SERVICE	BRANCH	LAST RANK	
DO YOU HAVE ANY TRAINING OR SKILLS THAT WOULD BE HELPFUL TO YOU IN THE POSITION DESIRED			

FORMER EMPLOYERS (LIST THE LAST THREE EMPLOYERS STARTING WITH THE MOST CURRENT)

MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (PLEASE BE ACCURATE, THEY WILL BE CONTACTED)

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

AUTHORIZATION

"I certify that the facts contained in this application are true and correct without any consequential omissions of any kind. I understand that if I am employed, and false, misleading or otherwise incorrect statements made on this application for or during any interviews may be grounds for my immediate discharge.

I hereby authorize Encore Food Services to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that if I am employed, I will abide by all the rules and regulations of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by Encore Food Services at anytime for any reason at all, with or without advance notice."

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE: _____ SIGNATURE: _____

ENCORE FOOD SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER