

APPLICATION FOR EMPLOYMENT

What's Cooking? (the "Company) does not discriminate in hiring or employment on the basis of race, color, age, sex, religion, national origin, veteran status, disability or any other category protected under the law.

PLEASE PRINT

TODAY'S DATE: _____

NAME: _____
(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

DAYTIME PHONE: _____ CELL PHONE: _____ SOCIAL SECURITY: _____

ARE YOU EIGHTEEN YEARS OR OLDER? ___ YES ___ NO

HAVE YOU APPLIED HERE IN THE PAST? ___ YES, DATE: _____ ___ NO

Answering Yes to the following question does not automatically disqualify you from employment.

HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE LAST 5 YEARS? ___ YES ___ NO

IF YES, PLEASE EXPLAIN:

PREVIOUS EMPLOYMENT(BEGIN WITH MOST RECENT POSITION)

COMPANY: _____

DATES OF EMPLOYMENTS: FROM __/__/__ TO __/__/__

POSITION HELD: _____

SUPERVISOR: _____ PHONE #: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

ENDING SALARY: _____

COMPANY: _____

DATES OF EMPLOYMENTS: FROM __/__/__ TO __/__/__

POSITION HELD: _____

SUPERVISOR: _____ PHONE #: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

ENDING SALARY: _____

COMPANY: _____

DATES OF EMPLOYMENTS: FROM __/__/__ TO __/__/__

POSITION HELD: _____

SUPERVISOR: _____ PHONE #: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

ENDING SALARY: _____

SUMMARIZE SPECIAL SKILLS OR QUALIFICATIONS: _____

EDUCATION

HIGH SCHOOL: _____

DEGREE: _____ GRADUATION DATE: _____

COLLEGE OR TRADE SCHOOL: _____

DEGREE: _____ GRADUATION DATE: _____

OTHER SCHOOL: _____

DEGREE: _____ GRADUATION DATE: _____

ADDITIONAL INFORMATION (Use the space below if you wish to volunteer additional information you feel may be helpful to us in considering your application.)

NOTE: Please read the statements below. After you read the statements, please sign and date in the space provided below.

I certify that the facts contained in this application and in any resume or other material provided to the Company and in any oral statements by me are true and complete to the best of my knowledge.

I understand that if I am employed, then omissions, incomplete statements, or false statements on this application or other material supplied to the Company or in oral statements by me in the hiring process may result in immediate termination from employment.

I understand that my employment is at-will and may be terminated by either the Company or me at any time for any reason so long as it does not violate any applicable law.

DATE: __/__/____ SIGNED: _____

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize What's Cooking?, to investigate my background and qualifications for the purpose of evaluating whether I am qualified for the position for which I am applying. I understand that What's Cooking? will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the Company's choice. I also understand that I may withhold my permission and that in such case, no investigation will be done, and my application for employment will cease to be further processed.

DATE: __/__/____ SIGNED: _____
PRINTED NAME: _____

WAIVER OF LIABILITY AND AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize a representative of What's Cooking? bearing this release to obtain any information from schools, residences, employers, criminal justice agencies, or individuals relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer.

I hereby release and hold harmless any individual, including record custodians, from any and all liability whether from negligence or violation of any other applical legal standard that may potentially result from the release and/or use of such information.

DATE: __/__/____ SIGNED: _____
PRINTED NAME: _____