



Application for Employment

Aahn's Place is an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. **Please complete each section, even if you attach a resume.**

Personal Information

Name		Are you over the age of 21? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address	City	State	Zip
Phone Number	Email Address	Do you have a valid driver's license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain:			
If Selected for Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If selected for employment do you have at least a high school diploma or GED that you can provide? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Position

Position You Are Applying For:	Available Start Date	Desired Pay \$. per hour
Employment Desired _____ Hours per Week <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary	Do you have any family working at our company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, who?	

Shift Availability- Please mark 'X' for available, leave blank if unavailable

<input checked="" type="checkbox"/> Willing to work Holidays	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day Shift: 7:00 am- 7:30 pm							
Overnight Shift: 7:00pm- 7:30am							

Education

School Name	Location	Years Attended	Degree Received	Major

Professional References

Name	Years Acquainted	Phone Number	Business
<input type="checkbox"/> 1.			
<input type="checkbox"/> 2.			
<input type="checkbox"/> 3.			

Certifications

Certification	Certification Number	Issued	Expires

Employment History- (Current to Oldest)

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Can we contact this employer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Can we contact this employer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Can we contact this employer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Can we contact this employer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Signature Disclaimer

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.

Name (Please Print)	Signature
Date	

Office Use Only: Received Date: _____ By: _____ Interview: _____

Denied