



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

### Position

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

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

<input type="checkbox"/> Willing to work Holidays	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
WEEKENDS ARE MANDATORY							
AM Shift: 6:00 am- 6:30 pm							
Overnight Shift 6:30 pm- 6:30am							

### Education

School Name	Location	Years Attended	Degree Received and Year of Graduation	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	Issues	Expires

## Employment History- (Current to Oldest)

<b>Employer (1)</b>	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 type="checkbox"/> No		
<b>Employer (2)</b>	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 type="checkbox"/> No		
<b>Employer (3)</b>	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 type="checkbox"/> No		
<b>Employer (4)</b>	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 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