



EMPLOYMENT APPLICATION
HOFMANN HOT HAUS OF C.N.Y.
Please Print

Date of Application: _____

Location applying for: _____

Name: First: _____ Middle: _____ Last: _____

Address: _____

City _____ State: _____ Zip Code: _____

Telephone: _____

Social Security # _____/_____/_____

Have you ever been employed before? : _____ if yes give dates _____

If under 18 years can you furnish a work permit? _____

Are you employed now? _____

May we contact your present employ? _____

Are you prevented from lawfully becoming employed in this Country because of
Visa or Immigration Status? _____

On what date are you available to start work? _____

Are you available to work:

Full-time _____ Part-time _____ Shift-work _____ Temp _____

Have you ever been convicted of a felony? _____ A conviction does not
necessarily disqualify an applicant. If you have been convicted please explain:

Are you a Veteran of the U.S. Military? _____

if yes, what branch _____

Please put hours you are available for:

SUN	MON	TUES	WED	THURS	FRI	SAT

EMPLOYMENT EXPERIENCE
(Give most recent experience first)

Employer Name	Manager	Tele Dates Employed	Work Performed	Reason for Leaving
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EDUCATION

Elementary: (circle) 4 5 6 7 8

High School: (circle) 9 10 11 12

College: (circle) 1 yrs 2yrs 3yrs 4yrs

MAJOR: _____

DIPLOMA/DEGREE: _____

Please state any additional information you feel may be helpful in considering your application.

References (other than family) give name and phone number

Do you have any medical problems that could effect the performance of your job? If yes, please explain:

Applicant's Statement

I certify that the answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment and this application constitutes an employment contract unless a specific document to that effect is executed in writing.

In the event of employment, I understand, also, that I am required to abide by all the rules and regulations of the employer.

Signature of Applicant _____ DATE: _____