

APPLICATION FOR EMPLOYMENT



DATE

NAME

ADDRESS CITY FL ZIP

EMAIL: **CONTACT PHONE**

1. GENERAL INFORMATION

1 Are you legally authorized to work in the U.S.? YES NO

2 Are you over 18? YES NO

3 Are you applying for: Part Time Full Time Salary Desired

4 Position Desired:

5 We do not permit smoking inside Abby's. Are you willing to comply? YES NO

6 Abby's is a Drug-free workplace. Are you willing to comply? YES NO

7 CAFÉ ONLY: Up to 50 lbs. of lifting several times a day is an essential function of some positions. Are you willing and able to comply with this requirement? YES NO

8 How many jobs have you had in the past year? Past two years?

9 What were the circumstances for leaving each job?

10 Have you been arrested or convicted of any crime that has not been annulled or sealed by the court? If yes, explain: YES NO

11 What commitments do you have, or do you anticipate, that may affect your schedule?

12 Are you be willing to work flexible hours (including weekends)? YES NO

13 AVAILABILITY: Please list days times available to work below

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

14 Minimum weekly number of hours needed to work Maximum weekly

15 When are you available to start with us?

16 Why are you applying for a position with us?

17 Please list any skills you have that are appropriate to the position you are seeking.

18 Being on your feet for 6-9 hours at a time is a requirement in many positions. Are you willing and able to comply with this requirement? YES NO
If not please explain:

2. EDUCATION				DID YOU GRADUATE
SCHOOL NAME	City, State	YES/NO	YEAR	DEGREE/COURSES
1				
2				
3				
4				

3. EMPLOYMENT HISTORY

1	COMPANY NAME	SUPERVISOR	PHONE	DATES		REASON FOR LEAVING
				BEGIN	END	
	DESCRIBE YOUR POSITION AND DUTIES Position: _____ Duties: _____ _____ _____					
2	COMPANY NAME	SUPERVISOR	PHONE	DATES		REASON FOR LEAVING
				BEGIN	END	
	DESCRIBE YOUR POSITION AND DUTIES Position: _____ Duties: _____ _____ _____					
3	COMPANY NAME	SUPERVISOR	PHONE	DATES		REASON FOR LEAVING
				BEGIN	END	
	DESCRIBE YOUR POSITION AND DUTIES Position: _____ Duties: _____ _____ _____					

4. References

	Name	Phone	Position/Title	Years Known
1				
2				
3				

5. PLEASE READ THE FOLLOWING STATEMENTS AND SIGN

I certify that the information contained in this application is true and correct to the best of my knowledge and I understand that any misstatement or omission of information may result in denial of employment. I authorize all persons or businesses contacted by Abby's Health and Nutrition concerning me or my application to disclose any performance reviews, reports, and other documents and information related to my background, work history and qualifications, without giving me notice. I also understand that Abby's Health and Nutrition is a Drug-free workplace and, as such, I will be asked to submit to and pass a drug-test prior to hire. I also understand that in an effort to provide a safe environment for our customers and our employees, Abby's will run a background check. Any job offer given is contingent upon passing both a drug and background check.

SIGNATURE _____

DATE ___/___/___

REVIEW FOR: _____