

ElderCare Inc./ Friendship Meals of SouthWest Kansas

5611 Tenth St., PO Box 1364, Great Bend, KS 67530-1364

620-792-1241

P-1A

Application for Employment

Cook _____ Assistant Cook _____ Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone _____ Social Security # _____

Position(s) applied for _____ Rate of pay expected _____

Were you previously employed by us? _____ Are you legally eligible for employment in the USA? _____

If you were offered this job, on what date would you be available for work? _____

Days and hours you could work part-time _____

Are there any other experiences, skills, or qualifications which you feel would especially prepare you for work with our organization? _____

Describe your experience in quantity food preparation. _____

Describe your experience with paper work. _____

Have you used: Convection Oven _____ Commercial Dishwasher _____ Meat Slicer _____
Steamer _____ Comercial Mixer _____ Hot Food Steamtable _____

REFERENCES (Not Former Employers or Relatives)

(Make sure you ask these people first)

Name	Occupation	Known for how long	Relationship	Address	Phone #
1					
2					
3					

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the director of this organization.

EOE, Notice of Non-Discrimination: Applicants for employment are hereby notified that ECI/Friendship Meals does not discriminate because of race, color, national origin, political belief, sex, age, or handicap in employment or treatment of employees. Any complaint should be directed to the Nutrition Director, ElderCare Inc., Box 1364 Great Bend, KS 67530-1364

List below all present and past employment, beginning with your most recent

Name and Address of Company and type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
1									
Telephone									

Name and Address of Company and type of Business	From		To		Describe the work you did	Weekly Starting	Weekly Last	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
2									
Telephone									

Name and Address of Company and type of Business	From		To		Describe the work you did	Weekly Starting	Weekly Last	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
3									
Telephone									

Note: Complete contact information must be provided for application to be considered.

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed	Did you Graduate	List Diploma or Degree
Elementary			5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			6		
			7		
			8		
High School			1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			2		
			3		
			4		
College			1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			2		
			3		
			4		
Other(Specify)			Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	ServSafe Sanitation - passed				
	Certified Dietary Manager				
	Dietetic Technician				

Applicant Certification and Release of Information

By signature below, I authorize the representatives of ElderCare, Inc. to contact any of my schools, my references; and any former employer to provide applicable information to the position sought.

May we contact your current supervisor? Yes No

I _____, give permission for the release of any information concerning myself to ElderCare Inc. I understand that all such information so released will be for the exclusive and confidential use of the above-names organization.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature _____ Date: _____