

EMPLOYMENT APPLICATION

Date

APPLICANT INFORMATION

Last Name	First	Middle	
Street Address		Apt/Unit #	
City	State	Zip	DOB (mm/dd/yy)
Phone	Email		
How did you hear about us/Referred by			

AVAILABILITY

Position applying for	Date available to start
Full time or Part time – how many hours/week	Income expectations

Please fill out the chart

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Lunch Shift							
Dinner Shift							

✓ Available X Unavailable

Comments on scheduling or unavailability

Are you authorized to work lawfully in the United States	Have you been convicted of a felony
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EMPLOYMENT EXPERIENCE

Company	City	State
Job title	Dates of employment	
Reason for leaving		

DISCLAIMER AND SIGNATURE (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that I have read this application and the information on it is complete and correct. I understand that any omissions or misrepresentation of information is grounds for dismissal.

I acknowledge that the owner of this Metha, Inc reserves the right o amend or modify any of its handbooks or policies at any time and without prior notice. These policies do not create any promises or contractual rights between this employer and its employees at this independently owned and operated Metha, Inc.

This independent Metha, Inc is an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability, or veterans' status. It is this Metha, Inc policy to comply fully with these laws, as applicable, and information requested on this application will not be used for any purpose prohibited by law.

I understand that as a part of the procedure for my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics, and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. If I am denied a job based either wholly or in part because of the information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

Signature

Date