

**THE CAROLINA *Kitchen***

***Application for  
Employment***

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.*

**\*\* PLEASE PRINT CLEARLY \*\***

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you find out about this job?  Newspaper  Employee  Walk-in  Relative  Other \_\_\_\_\_

Why are you seeking a new job at this time? \_\_\_\_\_

## Applicant Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work? \_\_\_\_\_ Describe \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ If you are under 18 years of age, can you furnish a work permit? \_\_\_\_\_

If the job you are applying for requires driving: Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_\_\_ (Proof of U.S. citizenship or immigration status is required if hired.)

\_\_\_\_\_  
\_\_\_\_\_

Are you a veteran? \_\_\_\_\_ If yes, give dates of service: From \_\_\_\_\_ To \_\_\_\_\_

List any special skills or training: \_\_\_\_\_

## Employment Information

Are you seeking full time, part time or temporary employment? \_\_\_\_\_

What hours and shift(s) would you prefer to work? \_\_\_\_\_

List times you are not available to work? \_\_\_\_\_

Are you willing to work overtime? \_\_\_\_\_ Weekends? \_\_\_\_\_ Holidays? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If hired, when would you be able to start? \_\_\_\_\_

Have you ever worked for this organization before? \_\_\_\_\_ If yes, name used: \_\_\_\_\_

List any friends or relatives employed by The Carolina Kitchen: \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? \_\_\_\_\_ Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe: \_\_\_\_\_

## Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8      Secondary: 9 10 11 12 G.E.D

College: 1 2 3 4 5 6 7 8

Name of School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_ Location of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

If in high school, are you enrolled in a recognized co-op program?  Yes  No

Degree & Major: \_\_\_\_\_

If yes, identify program and school: \_\_\_\_\_

Minor: \_\_\_\_\_

## Work History (please begin with most recent)

1. Company \_\_\_\_\_ Phone No. with Area Code (      ) \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
 Describe duties briefly: \_\_\_\_\_  
 Specific reason for leaving: \_\_\_\_\_
2. Company \_\_\_\_\_ Phone No. with Area Code (      ) \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
 Describe duties briefly: \_\_\_\_\_  
 Specific reason for leaving: \_\_\_\_\_
3. Company \_\_\_\_\_ Phone No. with Area Code (      ) \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
 Describe duties briefly: \_\_\_\_\_  
 Specific reason for leaving: \_\_\_\_\_
4. Company \_\_\_\_\_ Phone No. with Area Code (      ) \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
 Describe duties briefly: \_\_\_\_\_  
 Specific reason for leaving: \_\_\_\_\_

**For references purposes:** Have you worked for any of these organizations or attended school under a different name? \_\_\_\_\_

If yes, give name and organization(s) \_\_\_\_\_

**May we contact the employers listed above?** \_\_\_\_\_ If not, list the employers you do not wish us to contact and why:

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## Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I authorize The Carolina Kitchen to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to The Carolina Kitchen and do hereby release my current and former employers from liability for providing information to The Carolina Kitchen.

Upon termination of my employment for whatever reason, I release The Carolina Kitchen from all liability for supplying any information concerning my employment to any potential employer.

I authorize The Carolina Kitchen, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by The Carolina Kitchen at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

### AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

MASSACHUSETTS & MARYLAND EMPLOYMENT ONLY: An employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and/or subject to criminal penalties and civil liabilities.