

# Application for Employment



Please fill out completely and legibly in ink. If you need assistance in completing the application, please let us know at 231.947.0191 (ext. 202/204) so that we can arrange reasonable accommodations.

Date of Application: \_\_\_\_\_

## Personal

Name: last \_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_

Current Address, including City \_\_\_\_\_

Cell Phone Number ( ) \_\_\_\_\_ Home Phone Number ( ) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

Position(s) Desired 1) \_\_\_\_\_ 2) \_\_\_\_\_

Are you legally authorized to work in the United States?  yes  no

Are you 18 years or older?  yes  no If you are **under 18**, please list your birthdate \_\_\_\_\_

What are your salary expectations? Please indicate: \_\_\_\_\_

Where did you hear that Oryana is hiring? \_\_\_\_\_

Do you have any friends or relatives working here?  yes  no If yes, please list: \_\_\_\_\_

Date available for work \_\_\_\_\_ Total hours available per week \_\_\_\_\_

Please list all times available to work (for example: open – close, 11am – 9pm, etc.):

	<i>for example</i>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Available starting at:	6am							
Available until:	10pm							

Type of hours:  full time (30+ hrs/wk)  part time (less than 30 hrs/wk)  temporary (including summer)  
(Available until: \_\_\_\_\_) date

Will you work overtime if necessary?  yes  no

Do you have reliable transportation to and from work?  yes  no

Why do you want to work at Oryana? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Education

Check the highest grade completed: High School: 9 10 11 12 College:  Associates  BA/BS  MA

Diploma or GED:  yes  no

**Please list schools attended starting with the most recent.**

<u>School</u>	<u>Address</u>	<u>Degree and Area of Study</u>
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## Work Experience

What skills and experience do you have in the following areas? Please state where and when you acquired these skills. Attach an additional sheet if necessary.

Cashiering \_\_\_\_\_

Stocking \_\_\_\_\_

Culinary/Food Preparation \_\_\_\_\_

Natural Foods \_\_\_\_\_

Customer Service \_\_\_\_\_

Co-ops \_\_\_\_\_

## Work History

Please begin by listing your **most recent employer first**. Complete this section fully, even if you are including a separate resume. You may also attach a resume and include military service and verifiable volunteer work.

May we contact your **current** employer?  yes  no

Employer	Dates	Rate of Pay
_____	from _____ to _____	start _____ final _____
Address _____	Work Performed _____ _____ _____ _____ _____	
Phone _____		
Job Title _____		
Supervisor _____		
Reason for leaving _____		
_____		

# Work History Continued

Employer <hr/> Address <hr/> Phone <hr/> Job Title <hr/> Supervisor <hr/> Reason for leaving <hr/>	<b>Dates</b> from _____ to _____	<b>Rate of Pay</b> start _____ final _____
	Work Performed <hr/> <hr/> <hr/> <hr/>	

Employer <hr/> Address <hr/> Phone <hr/> Job Title <hr/> Supervisor <hr/> Reason for leaving <hr/>	<b>Dates</b> from _____ to _____	<b>Rate of Pay</b> start _____ final _____
	Work Performed <hr/> <hr/> <hr/> <hr/>	

Employer <hr/> Address <hr/> Phone <hr/> Job Title <hr/> Supervisor <hr/> Reason for leaving <hr/>	<b>Dates</b> from _____ to _____	<b>Rate of Pay</b> start _____ final _____
	Work Performed <hr/> <hr/> <hr/> <hr/>	

## References

Please list three people we may contact – *do not include immediate relatives or former employers.*

Name \_\_\_\_\_

Phone number (        ) \_\_\_\_\_ Occupation \_\_\_\_\_

Years known \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_

Phone number (        ) \_\_\_\_\_ Occupation \_\_\_\_\_

Years known \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_

Phone number (        ) \_\_\_\_\_ Occupation \_\_\_\_\_

Years known \_\_\_\_\_ How do you know this person? \_\_\_\_\_

## Signature

Read completely before signing.

I understand that the receipt and/or the submission of this application does not imply that I will be employed.

I represent that all of the information given by me in support of my application is true and complete to the best of my knowledge. Upon signing this application, I understand that I will be subject to immediate dismissal or refusal to hire if at any time Oryana discovers that I have omitted, misstated or falsified information provided in this application or at any time during the hiring process.

I authorize all previous employers and other persons identified in this application to release information in furtherance of and relating to this application for employment as is requested by Oryana or its representatives. I hereby release Oryana and any representatives of Oryana from all claims or liabilities whatsoever as a result of any inquiries and disclosures made in verifying the information provided in or processing this application of employment.

I understand that all employees of Oryana are at will, and, should I be employed by Oryana, I or Oryana may terminate the employment relationship, with or without cause, and with or without notice, at any time. Neither this application, nor any other documents given to me, is intended to create an express or implied contract of employment for a definite term.

I agree that I shall be bound by the rules, policies and regulations of Oryana should I be employed.

***I certify that I have read and agree with the statements above.***

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_