

# Chopping Block Job Application

www.thechoppingblock.net

## GENERAL INFORMATION

NAME			SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	APT #	CITY	STATE	ZIP
PHONE NUMBER	ALTERNATE PHONE NUMBER		ARE YOU OVER 18?	

## DESIRED EMPLOYMENT

POSITION DESIRED	FULL OR PART TIME	HOURLY RATE DESIRED
SHIFT DESIRED: <input type="checkbox"/> 9:30am-2:00pm <input type="checkbox"/> 9:30am-5:30pm <input type="checkbox"/> 5pm-11:00pm <input type="checkbox"/> OTHER:		
DATE YOU CAN START	ARE YOU ABLE TO WORK WEEKENDS AND EVENINGS? (IF NO PROVIDE DETAILS)	
ARE YOU EMPLOYED NOW?	MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?
GRAMMAR			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

## SPECIAL TRAINING AND SKILLS

SPECIAL TRAINING OR SUBJECTS OF SPECIAL STUDY
SPECIAL SKILLS

## REFERENCES (please provide 3)

	NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

**HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?  
IF YES, PLEASE EXPLAIN:**

**EMPLOYMENT HISTORY (list below your last 3 employers, starting with the most recent)**

NAME OF PRESENT OR PAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	STARTING DATE & SALARY	LEAVING DATE & SALARY	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING		MAY WE CONTACT YOUR SUPERVISOR?	

NAME OF PRESENT OR PAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	STARTING DATE & SALARY	LEAVING DATE & SALARY	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING		MAY WE CONTACT YOUR SUPERVISOR?	

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ADDRESS	CITY	STATE	ZIP
JOB TITLE	STARTING DATE & SALARY	LEAVING DATE & SALARY	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING		MAY WE CONTACT YOUR SUPERVISOR?	

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I also understand that no representative of the company has entered into an agreement for employment with me and that this application does not constitute an offer of employment, but rather shall be used to consider my qualifications for hire.

DATE

SIGNATURE

We'd like to know a bit about what you know. Don't worry - it's not a test. Just give it your best shot.

Do you have an interest in cooking? What's your specialty?

What's the difference between a food processor and a blender?

What's the difference between extra virgin olive oil and regular olive oil?

What is saffron?

What kind of music do you listen to?