

NAME OF COMPANY	ADDRESS	PHONE NUMBER	NAME OF SUPERVISOR
TYPE OF WORK PERFORMED		DATES EMPLOYED FROM / /	TO / /
REASON FOR LEAVING		STARTING WAGE \$ / HOUR	LAST WAGE \$ / HOUR

REFERENCES

(INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY. DO NOT INCLUDE RELATIVES.)

NAME	OCCUPATION/POSITION	ADDRESS	PHONE
NAME	OCCUPATION/POSITION	ADDRESS	PHONE
NAME	OCCUPATION/POSITION	ADDRESS	PHONE

EDUCATION

CIRCLE NUMBER OF SCHOOL YEARS ATTENDED:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16+
ADDITIONAL TRAINING (CHECK THOSE THAT APPLY):																
<input type="checkbox"/> Business School <input type="checkbox"/> Vocational School <input type="checkbox"/> College <input type="checkbox"/> Other _____																
NAME/LOCATION																
COURSE STUDY																
DEGREE																
DO YOU HAVE ANY SUPERVISING EXPERIENCE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN:																
WHAT QUALIFICATIONS MAKE YOU SUITABLE FOR THE POSITION FOR WHICH YOU ARE APPLYING?																
WHAT DOES THE PHRASE "THE CUSTOMER IS ALWAYS RIGHT" MEAN TO YOU?																

I affirm that the above information is correct. I understand that any false or misleading statements on this application may be cause for dismissal if I am employed. I hereby authorize my former employers, educational institutions, and references to furnish any information concerning my application for employment and release them from any claims or liability for doing so. I further authorize Grandma's, Inc. to contact my former employers, educational institutions, and references for the purpose of obtaining such information. I understand that my employment can be terminated at any time and for any reason by me or by Grandma's, Inc., no matter what anyone may have told me. I agree, as a condition of hire, to provide documents establishing proof of identity and employment eligibility in compliance with the Immigration Reform and Control Act of 1986. Further, I understand that all Grandma's, Inc. employees are required to adhere to the Drug and Alcohol Policy.

Signature of Applicant

Date

FOR OFFICE USE ONLY

<input type="checkbox"/> HIRED	STARTING DATE	STARTING WAGE	JOB CLASSIFICATION	EMPLOYEE NUMBER
<input type="checkbox"/> NOT HIRED				