



2019 EMPLOYMENT APPLICATION FRANKLIN SQUARE DELI, INC.

1__ 2__ 3__ 4__ 5__

108 South Water Street, KENT, OHIO 44240 – 330.673.2942

Please complete this form and e-mail to franklinsq.deli@gmail.com

This establishment seeks only SELF MOTIVATED, ENERGETIC, CHARISMATIC and DISCIPLINED individuals to assist in meeting all the daily goals and obligations of operating a highly successful food service operation. Applicants are considered for positions without regard to race, color, religion, origin, age, marital or veteran status or the presence of a non-job related medical condition or handicap.

Last **FOUR** Digits of Social Security# _____ Birthdate _____ Application Date _____

First Name _____ Middle Name _____ Last Name _____

Current Address _____ Phone _____

Parent/Permanent Address _____ Phone _____

E-mail Address _____ Drivers License# _____

Currently employed Yes No Will you remain at current job Yes No Weekly hours you currently work _____

Ever held two jobs at once Yes No Currently a student Yes No Hourly class load per week _____

Date you can start work _____ If you are employed, may we contact your current employer? Yes No

Current Employer _____ Contact _____ Phone _____

If Student, will you remain at close of current school term Yes No Until what approximate date _____

Referred here by a current employee, friend or relative Yes No (name) _____

Involved in any formal Management or Management Training Yes No Where _____

Currently a user of Tobacco products Yes No Currently Covered Under Any Health Coverage Yes No

Do you get excited about foods; consider yourself a **Foodie** or a **Food Junkie** Somewhat Yes Absolutely

Describe all Skills/Qualifications that would relate favorably to this position:

Detail Hours You Are AVAILABLE To Work:

Sun. _____ Thur. _____

Mon. _____ Fri. _____

Tue. _____ Sat. _____

Wed. _____

PREVIOUS EMPLOYMENT HISTORY (other than listed above)

Most Recent

1st Previous

2nd Previous

Business _____ Business _____ Business _____

Position/Wage _____ Position/Wage _____ Position/Wage _____

Contact Info _____ Contact Info _____ Contact Info _____

Reason for leaving _____ Reason for leaving _____ Reason for leaving _____

EMERGENCY

CONTACT: Name _____ Phone _____ Relationship _____

I authorize investigation of all information contained on this application **SIGNATURE:** _____

IF UNDER THE AGE OF 18, PARENTS SIGNATURE IS NEEDED ALSO: _____