



Application for Employment

Please complete this application online or download to a Word file and email it to hmoreau@triad.rr.com or drop it by The Fruit Bar at 1633-A Spring Garden Road, Greensboro. Our mailing address is The Fruit Bar, PO Box 39163, Greensboro, NC 27438.

Today's Date _____

PERSONAL INFORMATION

First Name, Middle Initial	Last Name	Social Security Number	
Present Address	City	Zip Code	
Home Phone #	Cell Phone #		
Permanent Address	City	Zip Code	

EMPLOYMENT DESIRED

Position applying for:	Date available	Salary desired	
Are you currently employed?	If so, may we inquire of your current employer?		

LIST YOUR PAST OR CURRENT EMPLOYERS, STARTING WITH THE MOST CURRENT

Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From To				
Duties Performed				
From To				
Duties Performed				
From To				
Duties Performed				

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	Years Attended	Did you graduate?	Subjects Studied	
High School				
College				
Other				

Please answer the following questions.

Are you looking for full-time or part-time employment? _____

If part-time, specify hours available for each day of the week:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

If you are willing to work weekends, how many weekend days are you willing to work per month? (1 to 8) _____

Do you have restaurant experience? _____ Please describe. _____

Why do you want to work at The Fruit Bar? _____

Why should we hire you? _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I 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.

"This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

FOR OFFICE USE ONLY

Date received _____

Action taken _____

Status (NIH) _____

Additional comments _____