



POSITION APPLIED FOR
DATE

APPLICATION FOR EMPLOYMENT

(Please answer all questions)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

FOR OFFICE USE ONLY
DATE STARTED
EMPLOYEE NUMBER
DEPARTMENT

NOTICE: Applicant should read the following information carefully before filling out any of the questions on this form. We are an equal opportunity employer and fully subscribe to the principles of equal opportunity. It is our policy to seek and employ the best qualified personnel in all positions without regard to race, color, religion, age, sex, disability, national origin or any other basis made unlawful by either state or federal law. It is our policy to comply with all federal and state employment statutes. Information requested on this application will not be used for any purpose prohibited by law.

NOTE: If submitting form electronically omit social security number and provide it by phone or in person.

NAME: LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS CITY STATE ZIP CODE

Are you 18 years old or older? Yes No

Have you had any name changes Lorraine's should know about in order to verify job or education history? Yes No

Previous/Maiden Name _____

Do you have a valid MA driver's license? Yes No Are you authorized to work in the U.S.? Yes No

Position applied for? _____ Date You Can Start _____ Salary desired _____ per hour

Are you applying for Full Time Part Time Temporary

How did you find out about this position?

What languages do you speak fluently?

EDUCATION				
SCHOOLING	NAME AND ADDRESS OF SCHOOL	GRADE or DEGREE COMPLETED	GRADUATE	
			YES	NO
High School				
College or University				
Others (Specify)				
Military Service Schools Attended				
Military Service Record	Veteran Yes	Branch	From: (Date)	To: (Date)

PREVIOUS EXPERIENCE

(LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

1) Company Name	Date Started	Date Left
_____	_____	_____
Address	Phone	
_____	_____	
Job Title:	Immediate Supervisor:	
_____	_____	
Job Duties	_____	

2) Company Name	Date Started	Date Left
_____	_____	_____
Address	Phone	
_____	_____	
Job Title:	Immediate Supervisor	
_____	_____	
Job Duties	_____	

3) Company Name	Date Started	Date Left
_____	_____	_____
Address	Phone	
_____	_____	
Job Title:	Immediate Supervisor	
_____	_____	
Job Duties	_____	

Are there any job duties that you would be unable to perform? _____

Is there anything we could do to accommodate you so you could perform all the required job duties?

Have you ever applied to Lorraine's before? Yes No
Are you now employed? Yes No Telephone number _____

IN CASE OF EMERGENCY NOTIFY – (NAME, ADDRESS, PHONE) RELATIONSHIP

1. I authorize investigation of all statements contained in this application.
2. I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the forgoing inquiries.
3. I have read these statements and answers to these inquiries.
Date _____ Signature _____

Please submit form via email to executivedir@lorrainessoupkitchen.com

