



Cooks and Crafts, L.L.C.
 244 Route 206 South
 The Mall at 206, Suite 2
 Flanders, NJ 07836
 973.927.3222 Tel.
 973.927.3225 Fax

**Pre-Employment
 Application**

**Equal Opportunity
 Employer**

Cooks and Crafts, LLC is an Equal Opportunity Company. All applicants are considered for employment without regard to race, sex, national origin, religion, military status, physical or mental disabilities, or other status as protected by Federal or State Law.

Personal Information

First Name: _____ Last Name: _____ Middle: _____
 Social Security Number: _____ Application Date: _____
 Present Address: _____ Time at this address: _____
 City: _____ State: _____ Zip Code: _____ Phone #: _____
 Referred By: _____

Employment Desired

Position: _____ Date You Can Start: _____ Salary/Wage Desired: _____
 Are You Employed? [] YES [] NO If so, may we inquire of your present employer? [] YES [] NO
 Present Address: _____ City: _____
 State: _____ Zip Code: _____ Phone #: _____
 Ever applied to this company before? [] YES [] NO Where? _____ When? _____
 Are you eligible to work in the USA? [] YES [] NO

Education History

| Education History | School Name | Degree | Course of Study |
|------------------------------------------|-------------|--------|-----------------|
| Grammar School | _____ | _____ | _____ |
| High School | _____ | _____ | _____ |
| College or University | _____ | _____ | _____ |
| Trade, Business or Correspondence School | _____ | _____ | _____ |
| Graduate Studies | _____ | _____ | _____ |
| Additional Training/Education | _____ | _____ | _____ |

Additional Skills



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Former Employers (List below last four Employers, starting with most recent)

Name, Address and Phone # of Employer: _____

Employed From: _____ To: _____ Salary/Hourly Wage: _____

Position: _____ Duties Performed: _____

Reason for Leaving: _____

Supervisor's Name: _____ May We Contact: [] YES [] NO

Name, Address and Phone # of Employer: _____

Employed From: _____ To: _____ Salary/Hourly Wage: _____

Position: _____ Duties Performed: _____

Reason for Leaving: _____

Supervisor's Name: _____ May We Contact: [] YES [] NO

Name, Address and Phone # of Employer: _____

Employed From: _____ To: _____ Salary/Hourly Wage: _____

Position: _____ Duties Performed: _____

Reason for Leaving: _____

Supervisor's Name: _____ May We Contact: [] YES [] NO

Name, Address and Phone # of Employer: _____

Employed From: _____ To: _____ Salary/Hourly Wage: _____

Position: _____ Duties Performed: _____

Reason for Leaving: _____

Supervisor's Name: _____ May We Contact: [] YES [] NO

Criminal Record

Have you ever been convicted for any violation(s) of law? [] YES [] NO

If YES, please provide the following- Description of offense:

Statute or ordinance (if known): _____ Date of Charge: _____ Date of Conviction: _____

County, City, State of Conviction: _____



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References

(Give below provide the names of three people not related to you, whom you have known for at least one year that we may contact)

Name, Address and Day and Evening Phone # : _____

Years Known: _____ Business or Personal Reference: _____

Name, Address and Day and Evening Phone # : _____

Years Known: _____ Business or Personal Reference: _____

Name, Address and Day and Evening Phone # : _____

Years Known: _____ Business or Personal Reference: _____

Name, Address and Day and Evening Phone # : _____

Years Known: _____ Business or Personal Reference: _____

Miscellaneous

Check which shift you will accept: Day Evening Night Weekends Rotating Weekends

Specify shift hours that you would be available: _____

Check which job status you will accept: Full-time Part-time (specify) _____

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? YES NO

Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification (I-9 form) verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

" 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 from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

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

Date: _____ Signature: _____

Interviewed By: _____ Date: _____