



Mother's Nutritional Center

Employment Application

Applicant Information										
Full Name:						Date:				
<i>Last</i>			<i>First</i>			<i>M.I.</i>				
Address:										
<i>Street Address</i>						<i>Apartment/Unit #</i>				
<i>City</i>						<i>State</i>		<i>ZIP Code</i>		
Phone: ()			E-mail Address:							
Date Available:		Social Security No.:			Desired Salary:		\$			
Position Applied for:										
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
If yes, explain:										

Education									
High School:			Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:			Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:			Address:						
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

References									
<i>Please list three professional references.</i>									
Full Name:			Relationship:						
Company:			Phone:				()		
Address:									
Full Name:			Relationship:						
Company:			Phone:				()		
Address:									
Full Name:			Relationship:						
Company:			Phone:				()		
Address:									

Previous Employment

Company:				Phone:	()
Address:					
Job Title:			Supervisor:		
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	()
Address:					
Job Title:			Supervisor:		
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	()
Address:					
Job Title:			Supervisor:		
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Military Service

Branch:				From:		To:	
Rank at Discharge:			Type of Discharge:				
If other than honorable, explain:							

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:				Date:	
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Mother's Nutritional Center Applicant Questionnaire

1. Are you currently employed? Yes or No

If yes, name of company _____

Do you plan on keeping your current job? Yes or No

2. What is your current schedule?

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

3. Are you interested in a full-time or part-time position? _____

4. What is your current form of transportation? _____

5. If employed by Mother's, are you willing to transfer stores? _____

6. Education: High School Years Completed? _____

College Level Years Completed? _____

7. Are you currently enrolled in an educational program? _____

If so, name of school: _____

Current Schedule:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

8. Are there any ongoing circumstances that would prevent you from working on a particular day?

9. Have you ever worked at a WIC Only/Nutritional Store? Yes or No

If yes, print store name: _____ # of years worked: _____

10. Do you have any friends or relatives who are or were employed by Mother's?

Print Name: _____ Relationship: _____

Print Name: _____ Relationship: _____

Print Name: _____ Relationship: _____

11. Are you available to work on Saturdays? Yes or No

12. Why would you like to work on Mother's Nutritional Center? _____

