

DEANAN® GOURMET POPCORN

601 TOEPPERWEIN ROAD, CONVERSE, TEXAS 78109-2248

PHONE: 210-658-8146

FAX: 210-658-1119

WEBSITE: WWW.DEANAN.COM

APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL INFORMATION

Name: _____ Social Security No: _____

Present Address: _____

STREET

CITY

STATE

ZIP

Permanent Address: _____

STREET

CITY

STATE

ZIP

Phone No: _____ Referred By: _____

EMPLOYMENT DESIRED

Position:	Date you can Start:	Salary Desired:
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

EDUCATION

Name & Location of School	Years Attended *	Date Graduated *	Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

The age discrimination in employment of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 70 years of age.

GENERAL

Subjects of Special Study or research work		
What foreign language do you speak fluently?	Read	Write
U.S. Military or Naval Service	Rank	Present Membership in National Guard or Reserves

SPECIAL QUESTIONS

Citizen of U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Birth *:
Have you ever been convicted, or pled guilty or no contest to a felony offense? If so, please explain.	

*The age discrimination in employment of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 70 years of age.

(continued on other side)

PHYSICAL RECORD

Do you have any physical handicaps that preclude you from performing any work for which you are being considered?		
Were you ever injured? <input type="checkbox"/> YES <input type="checkbox"/> NO	Give Details:	
Have you any Hearing impairments? <input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Impairments? <input type="checkbox"/> YES <input type="checkbox"/> NO	Speech Impairments? <input type="checkbox"/> YES <input type="checkbox"/> NO
In case of Emergency Notify:	Address	Phone No. ()

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN
1				
2				
3				

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OF OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

Date: _____ Signature: _____

Interviewed by: _____ Date: _____

----- DO NOT WRITE BELOW THIS LINE -----

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES. SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION. NOTWITHSTANDING THESE EFFORTS, THE MANUFACTURER OF THIS FORM ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM, OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS MAY BE BASED.