



2203 Mercator Drive ~ Orlando, FL 32807 ~ 407-645-3235 Ph ~ 407-645-3259 Fax

American Kitchens, Inc
Employment Application



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Please completely fill out the following information. American Kitchens, Inc. is an equal opportunity employer.

PERSONAL INFORMATION:

NAME (Last name first)

SOCIAL SECURITY NUMBER

Present Address

City

State

Zip Code

Permanent Address

City

State

Zip Code

Are you 18 years or older? _____

Telephone #: _____

DESIRED EMPLOYMENT:

Position: _____

Date you can start: _____

Salary Required: _____

Are you currently employed? _____

May we contact your current employer? _____

Have you ever applied at this company before? _____

Have you ever worked at this company before? _____

Who referred you to this company? _____

Are you a U.S. Citizen? _____ If no, do you have authorization and proper documents to work in the United States? _____

SCHOOL LEVEL

NAME & LOCATION

YEARS ATTENDED

GRADUATE (Y/N)

DEGREE

Grammar School: _____

High School: _____

College: _____



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EDUCATION and SKILLS CONT.:

Trade, Business
Continuing Education: _____
Subjects of Special study: _____
Special Training: _____
Special Skills: _____
What equipment can you operate (ex. Fork lift, pallet jack, copy machine, 10 key calculator)?

Do you have experience in using Windows, Work, Excel, 20/20 design programs, or Quickbooks?

How many words per minute can you type? _____

EMPLOYMENT HISTORY: We request employment history for the past 10 years

Current Employer:

Company Name: _____
Address: _____
City/State: _____
Telephone #: _____ Supervisor's Name: _____
Starting Date: _____ Ending Date: _____
Starting Salary: _____ Ending Salary: _____
May we contact your employer? _____
Description of work: _____
Reason for leaving: _____

Previous Employer:

Company Name: _____
Address: _____
City/State: _____
Telephone #: _____ Supervisor's Name: _____
Starting Date: _____ Ending Date: _____
Starting Salary: _____ Ending Salary: _____
May we contact your employer? _____
Description of work: _____
Reason for leaving: _____



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Previous Employer:

Company Name: _____

Address: _____

City/State: _____

Telephone #: _____ Supervisor's Name: _____

Starting Date: _____ Ending Date: _____

Starting Salary: _____ Ending Salary: _____

May we contact your employer? _____

Description of work: _____

Reason for leaving: _____

Previous Employer:

Company Name: _____

Address: _____

City/State: _____

Telephone #: _____ Supervisor's Name: _____

Starting Date: _____ Ending Date: _____

Starting Salary: _____ Ending Salary: _____

May we contact your employer? _____

Description of work: _____

Reason for leaving: _____

PERSONAL REFERENCES:

	NAME	ADDRESS (CITY/STATE)	TELEPHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

SERVICE RECORD:

Branch of Service: _____

Active: _____ Discharged: _____ Rank: _____

Honorable Discharge (If not, please explain): _____

PERSONAL BACKGROUND HISTORY:

Have you ever been convicted of a felony? _____

Have you ever been convicted of a misdemeanor? _____

If convicted of either of the above, please explain: _____



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AUTHORIZATION: PLEASE BE SURE TO READ THE FOLLOWING

In connection with your application for employment, American Kitchens, Inc. may obtain a consumer report and a criminal background check on you as a part of our process of considering you for employment. These reports may include public record information such as your driving record, criminal history, and workman's compensation claims. Private information such as your credit history may also be obtained.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights.

APPLICANT'S AUTHORIZATION RELEASE

I hereby authorize American Kitchens, Inc. to obtain consumer and criminal reports about me as described above for the purpose of qualifying me for employment. I release American Kitchens, Inc. and all other entities from which consumer reports are obtained from claim or liability relating to obtaining, compiling, or releasing such reports. I also agree that this authorization and release will remain on file for their term of my employment and will serve as an ongoing authorization to obtain consumer and criminal reports during my employment.

Applicants Name (Print)

Applicants Signature

Driver's License Number

Date