



Application for Employment

The following information is requested in order to help us make the best possible placement within the Company. This is not an employment contract. All portions of this application pertaining to you must be completed. You must also complete the attached Security Screening Forms. We appreciate the time you spend in filling out this application form. The Company does not discriminate on the basis of age, race, creed, religion, color, sex, national origin, marital status, familial status, sexual orientation, status with regard to public assistance, disability or any other classes protected under applicable law.

Name: _____

Today's Date: _____

Address: _____

Position Applied For: _____

City, State, Zip: _____

Date You Can Start: _____

Email _____

Pay Expected: \$ _____ PT _____ FT _____

Home Phone #: (_____) _____

Are you legally entitled to work in the United States?

Yes _____ No _____

Are you over the age of 18? Yes _____ No _____

If not, state your age: _____

Are you available to work holidays?

Yes _____ No _____

Have you applied for a job with us before? _____

If yes, when? _____

List any conflicts or prior commitments and the dates of those commitments. (examples Vacation, Weddings, Band, Camp, Sports, Etc)

How were you referred to the Company: _____

Name and location of High School Attended _____

Did you graduate? Yes _____ No _____ Diploma _____ GED _____

Education	Name and Location	Type of Diploma	Dates Attended	Date Graduated
TRADE OR TECH SCHOOL				
COLLEGE/POST GRADUATE				

EMPLOYMENT HISTORY (Begin with most recent position)

EMPLOYMENT DATES (Month and Year)	EMPLOYER NAME	JOB TITLE
From:	EMPLOYER ADDRESS	DUTIES
To:	CITY ST ZIP	
	PHONE NUMBER	
	SUPERVISORS NAME	
	PAY RATE	REASON FOR LEAVING

EMPLOYMENT DATES (Month and Year) From: To:	EMPLOYER NAME	JOB TITLE
	EMPLOYER ADDRESS	DUTIES
	CITY ST ZIP	
	PHONE NUMBER	
	SUPERVISORS NAME	
	PAY RATE	REASON FOR LEAVING
EMPLOYMENT DATES (Month and Year) From: To:	EMPLOYER NAME	JOB TITLE
	EMPLOYER ADDRESS	DUTIES
	CITY ST ZIP	
	PHONE NUMBER	
	SUPERVISORS NAME	
	PAY RATE	REASON FOR LEAVING

Are you currently employed? Yes _____ No _____

May we contact your current employer? Yes _____ No _____ If no, specify: _____

List Any Special Skills or Training: _____

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Company policy. I agree to conform to the Company Guidelines and rules of the Company, and understand that my employment is "at-will" and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that this application is not an employment contract. I further understand that no personnel recruiter or interviewer or other representative of the Company, other than the President has any authority to enter into any agreement for employment for any specified period of time.

Signature of Applicant

Date

***Please fax the completed employment application to 651-204-0040
Or mail to Lancer Catering, 1415 Mendota Rd, Mendota Heights MN 55120**