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APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____ POSITION APPLYING FOR _____

NAME _____
LAST FIRST MIDDLE

E-MAIL ADDRESS _____

HOME PHONE NUMBER () _____ CELL PHONE NUMBER () _____

CURRENT ADDRESS _____
STREET CITY STATE ZIP

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

PREVIOUS ADDRESS _____
STREET CITY STATE ZIP

HOW LONG DID YOU LIVE AT THIS ADDRESS? _____

EMPLOYMENT INTERESTS

AVAILABLE START DATE _____ DESIRED SALARY/WAGE _____

REFERRED BY _____ EVER APPLIED TO CFS BEFORE? _____ WHEN? _____

HOW DID YOU HEAR ABOUT CFS? AD EMPLOYMENT AGENCY FRIEND RELATIVE WALK-IN OTHER _____

ARE ANY FRIENDS OR RELATIVES CURRENT OR FORMER EMPLOYEES OF CFS? YES NO
IF "YES," STATE NAMES AND RELATIONSHIP _____

CURRENTLY EMPLOYED? YES NO CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? YES NO

ARE YOU SEEKING FULL-TIME PART-TIME ARE YOU WILLING TO WORK WEEKENDS OVERTIME

ARE YOU 18 YEARS OR OLDER? YES NO ARE YOU A CITIZEN OF THE U.S. OR DO YOU HAVE A VALID WORK VISA? YES NO

SPECIAL SKILLS

INDICATE IF YOU ARE A PROFICIENT OPERATOR OF ANY COMPUTERS, EQUIPMENT OR MACHINERY _____

DO YOU HAVE A CLASS A COMMERCIAL DRIVER'S LICENSE? YES NO "A" LICENSE NUMBER _____ STATE _____

LIST ANY OTHER SKILLS THAT ARE PERTINENT TO THIS POSITION _____

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? NO YES
IF "YES," EXPLAIN: _____

WORK HISTORY

List employers in chronological order with present or most recent employer first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give business name and provide business references.

EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ EMPLOYED FROM _____ TO _____
CITY _____ STATE _____ ZIP _____ MAY WE CONTACT? YES NO
POSITION / TITLE _____
DUTIES _____

REASON FOR LEAVING _____

EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ EMPLOYED FROM _____ TO _____
CITY _____ STATE _____ ZIP _____ MAY WE CONTACT? YES NO
POSITION / TITLE _____
DUTIES _____

REASON FOR LEAVING _____

EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ EMPLOYED FROM _____ TO _____
CITY _____ STATE _____ ZIP _____ MAY WE CONTACT? YES NO
POSITION / TITLE _____
DUTIES _____

REASON FOR LEAVING _____

EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ EMPLOYED FROM _____ TO _____
CITY _____ STATE _____ ZIP _____ MAY WE CONTACT? YES NO
POSITION / TITLE _____
DUTIES _____

REASON FOR LEAVING _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	DATES	MAJOR SUBJECTS	GRADUATED	DEGREE
HIGH SCHOOL					
COLLEGE					
TRADE BUSINESS OR CORRESPONDENCE SCHOOL					

ADDITIONAL EDUCATION AND/OR VOCATIONAL OR TECHNICAL TRAINING	FIELD OF STUDY	COURSES COMPLETED	CERTIFICATE DATE
SCHOOL			
SCHOOL			
SCHOOL			

ARE YOU CURRENTLY ENROLLED? YES NO EXPECTED COMPLETION DATE _____

GENERAL

HAVE YOU EVER WORKED UNDER ANY OTHER NAMES? YES NO EXPLAIN _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO LICENSE NUMBER _____ STATE _____

MILITARY

MILITARY STATUS _____ ACTIVE DUTY SERVICE FROM _____ TO _____

BRANCH OF SERVICE _____ SERVICE DUTIES _____

ARE YOU A MEMBER OF A RESERVE ORGANIZATION? YES NO LENGTH OF COMMITMENT _____

REFERENCES

NAME	PHONE	OCCUPATION	YRS ACQUAINTED

Please Read Carefully and Sign

Cotati Food Service (“Company”) is an equal opportunity employer and considers all applicants for employment without regard to race, color, sex, marital status (except in cases of conflict of interest), religion, national origin, age, or mental or physical handicap (unless the handicap prevents performance of the work involved) or veteran status.

If I am employed by the Company, I will comply with the rules and regulations set forth by the Company. I understand that if hired, my employment will be “at will.” I will remain free to resign my employment at any time. Absent a written employment contract to the contrary signed by an officer of the Company, the Company may likewise terminate my employment at any time, with or without cause.

I hereby certify that the answers and statements given by me in this Application for Employment are correct without material misstatements or omissions of any kind. I understand and agree the falsification, misrepresentation, or omission of material facts requested will result in removal of my Application for Employment from consideration, withdrawal of any employment offer, or dismissal from any employment based in whole or in part on this application.

I understand that employment by Cotati Food Service is conditional upon the satisfactory completion of any skills and abilities-type assessment related to the job for which I am applying and the satisfactory completion of a post-offer job-related test for alcohol and drugs. I authorize the Company to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I authorize all persons and companies named herein (including employers, schools, health care providers, and other persons, excepting those so noted) to furnish any and all information including employment records and work-related observations regarding me and hereby release them from all liability for damage for providing this information. In addition, I understand that an inquiry may be made to confirm the information I have placed on this application.

Applicant’s Signature

Date

COMPANY USE ONLY

NOTES
