



MAIN & MARKET  
CATERING | CAFE | BAKERY

Application for Employment

Name: \_\_\_\_\_  
                                 Last  First  Middle

Soc. Sec. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
                                 Street Address  City                                State                                Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position/Availability

Position applied for: \_\_\_\_\_

Days/Hours Available:  
                                 Sun \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_

Hours of Availability: From \_\_\_\_\_ to \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

For Office Use Only

DEPARTMENT: _____ F-T: _____ P-T: _____ TEMP: _____			
RATE of PAY:	\$ _____	Position _____	
	\$ _____	Position _____	
	\$ _____	Position _____	
REMARKS: _____			
_____			
_____			
Manager Signature: _____		Date: _____	

Have you ever been convicted of or pleaded no contest to a felony within the last five (5) years?

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

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If applying for a position which requires driving, do you have a valid Maryland State Driver's License? Yes \_\_\_ No \_\_\_

Have you ever been ticketed for a moving traffic violation?

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

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### Education

School Address

Major/Diploma

Date of Graduation

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Skills and Qualifications: Licenses, Skills, Training and Awards

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**Employment History**

**Present or Last Position:**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 May we contact your present employer? Yes \_\_\_ No \_\_\_

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**Previous Position:**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 May we contact your present employer? Yes \_\_\_ No \_\_\_

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**References:**

	Name/Title Occupation	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future. If I am hired, I authorize the verification of any or all information listed above.

\_\_\_\_\_  
 Applicants Signature                                      Printed Name                                      Date

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## Employee Emergency Contact Information

Name: \_\_\_\_\_  
Last First Middle

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_