

Employment Information

I am presently:

Unemployed

Student

School Name/Address _____

Instructor _____ Phone _____

Employed

Employer Name/Address _____

Supervisor's Name _____

How long have you worked here? _____

Retired

Please list the last two places you have worked:

Employer _____

Street _____ City _____ State _____ Zip _____

Supervisor _____ Phone (_____) _____

Employment Dates: From _____ to _____

Employer _____

Street _____ City _____ State _____ Zip _____

Supervisor _____ Phone (_____) _____

Employment Dates: From _____ to _____

References

Please list two references who are NOT relatives or supervisors listed above. These should be individuals who have known you well for 1 year or more.

Name _____ Relationship to You: _____

Daytime phone (_____) _____ home work other number

Name _____ Relationship to You: _____

Daytime phone (_____) _____ home work other number

What did you like best about your previous jobs? _____

What did you like the least about your previous jobs? _____

What are you most proud of accomplishing in your work? _____

What are you most proud of accomplishing in your life? _____

What career goals have you set for yourself? _____

What are your future wage earning goals?

Please read the statements below and sign if you are in agreement:

I certify that the information in this job trainee application is true and correct. I understand that falsification of any information in this application can lead to my disqualification or termination from the Second Helpings program. Further, I understand that any such misrepresentations by me are grounds to reject my application.

I hereby authorize Second Helpings to thoroughly investigate my references, work history, experience, education or other matters related to my application, and further authorize my current or former employers to disclose, without recourse or limitation, all of my employment records without notifying me of such disclosure. I hereby fully and completely release Second Helpings, my current or former employers, their respective directors, officers, employees and agents, and all other persons from all claims or liabilities arising out of, or in any way related to, such an investigation or disclosure.

I understand that this is a ten(10)-week job training program, and that I will not be paid for my services performed for Second Helpings, nor is my enrollment in the job training program a promise of future employment at Second Helpings, Inc. This application is not intended to create a contract, and the trainee relationship, should one follow this application, will be at-will and may be terminated at any time, with or without cause or notice, by either party.

In consideration, and as a condition, of my acceptance by Second Helpings, Inc. as a culinary trainee, I hereby waive, release, and hold harmless Second Helpings, Inc., its officers, directors, employees, representatives, and volunteers from any and all claims and actions related to or arising out of my participation in the Culinary Job Training Program at Second Helpings, Inc.

Applicant's Signature _____ **Date** ____ / ____ / ____

Opportunities for Culinary Job Training at Second Helpings, Inc. are provided without regard to religion, race, national origin, financial status, age, gender, disability, practices or beliefs. This application will remain active until the start date of the next Culinary Job Training Class.

If you are not accepted or have not been contacted by Second Helpings, Inc. prior to the start date of the next class, you will be required to submit a new application for further consideration.

RETURN COMPLETED APPLICATION TO:

Director of Training
Second Helpings, Inc.
The Eugene and Marilyn Glick Center
1121 Southeastern Avenue
Indianapolis, IN 46202

For Office Use Only

Date Received _____ Date Applicant Contacted _____

Applicant Accepted. Enrollment Start Date _____, 200_____

Applicant Denied. Reason _____

Applicant TERMINATED. Date _____

Reason _____
