



# Application for Employment

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## PERSONAL INFORMATION

Date

Last Name

First Name

Middle Initial

Street Address

City

State

ZIP

Phone Number

Email Address

Position Applying For

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

Yes

No

Are you 18 years of age or older?

Yes

No

How did you hear about this opening?

Desired Start Date

Desired Wage \$

## EMPLOYMENT DESIRED

Employment Type Desired:

Full-Time

Part-Time

Either

Hours available per week

If limited, describe availability:

Are you available to work weekends?

Yes

No

Are you available to work evenings / closing shifts?

Yes

No

Have you previously applied to MedFresh Healthy Eats?

Yes

No

Have you previously been employed by MedFresh Healthy Eats?

Yes

No

Are you presently employed?

Yes

No

If yes, may we contact your present employer?

Yes

No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes

No

If yes, please describe:

## FOOD SERVICE / RESTAURANT EXPERIENCE

Years of food service experience

Types of restaurants worked in

Do you have experience in a fast-casual or counter-service restaurant?  Yes  No

Do you have experience with Mediterranean or Middle Eastern cuisine?  Yes  No

Do you hold a current Food Handler's Certificate?  Yes  No

Please list applicable skills (e.g. grill, prep, cashier, POS, catering):

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**PRIOR EMPLOYMENT**

**Employer 1**

Company Name  Phone

Address

Date Started  Position Held  Date Ended

May we contact this employer?  Yes  No

Supervisor Name  Reason for Leaving

**Employer 2**

Company Name  Phone

Address

Date Started  Position Held  Date Ended

May we contact this employer?  Yes  No

Supervisor Name  Reason for Leaving

**Employer 3**

Company Name  Phone

Address

Date Started  Position Held  Date Ended

May we contact this employer?  Yes  No

Supervisor Name  Reason for Leaving

## APPLICANT STATEMENT & SIGNATURE

I certify that all information provided on this application is true and complete to the best of my knowledge, and that I have withheld nothing that, if disclosed, would alter the integrity of this application. I authorize my previous employers and references to provide information regarding my employment record. I understand that false statements or omissions may disqualify me from employment or result in termination. In the event of employment with MedFresh Healthy Eats, I agree to comply with all company rules and policies.

Signature (print full legal name)

Date

MedFresh Healthy Eats is an Equal Opportunity Employer.