

	Fiona's Delicatessen	Fiona's Bakery	Fiona's Kitchen	Fiona's Catering
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Would you like to work at Fiona's? Fill out this form & give to the nearest Fiona's staff

Thank you for considering working with us at Fiona's. Whichever areas you are considering working in we want you to know that Fiona's is not like any other job. Working at Fiona's means making a serious commitment to learning about great food and the enjoyment of bringing that knowledge to our customer through friendly fun service. At Fiona's we work hard, play hard and you need a "what more can I do" attitude. If Fiona's sounds like the place for you, please keep filling out the form and we look forward to getting to know you through the interview process.

Please Print: Please note: please answer the questions to the best of your ability.
This application was designed for various positions within Fiona's.

Name	Date
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Address

City	State	Zip
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Where can we call you?	Email Address
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How were you referred to us?	Name of referral
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Are you a U.S. Citizen? Yes No If not what type of Visa do you hold?

Are you 18 Years of Age? Yes No

Do you have a clean driving record? Yes No If not please explain:

Have you ever been convicted of a criminal offense? Yes No If yes, please provide details

Date: (An affirmative answer will not automatically disqualify you from being considered a candidate for employment)

Nature:

Area:

Personal References (not employers or your Mom)	Emergency Contact
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Name - Address - Occupation - Phone	Name
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	Phone
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	Relationship:
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Educational Info:

School	Address/City/State/Zip	Years Attended Degree/Major	Completed
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High School			Yes No
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College			Yes No
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Other

What kind of Job do you want?

part time	full time	on call	How many hours per week?
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What is your availability ?		M	T	W	TH	F	S	SU	When are you available to begin?
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	AM								Are you applying for a specific job? Please specify.
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	PM								What is your pay Requirements?
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Do you have any other commitments which might affect your employment?

Work History

Employer:	Duties:
Address: Email:	
Supervisor:	
Telephone: May we contact this employer?	
Employed From: To:	Why did you leave?
Your Job Title?	
Salary Start: Finish:	

Employer:	Duties:
Address: Email:	
Supervisor:	
Telephone: May we contact this employer?	
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Employer:	Duties:
Address: Email:	
Supervisor:	
Telephone: May we contact this employer?	
Employed From: To:	Why did you leave?
Your Job Title?	
Salary When you started: Finished:	

I hereby affirm that the information provided on this application is true to the best of my knowledge. I understand that employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I authorize persons, schools, employers named in this application to provide any relevant information that may be required to arrive at an employment decision.

Signature: _____ Date: _____