



APPLICATION FOR EMPLOYMENT

**South Plains Food Company
 1605 E Mount Pleasant Rd, Zachary, Louisiana 70791
 225-612-4060**

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete and does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address	
Name(First,MI,Last)	
Mailing Address:	
City, State, Zip Code:	
Telephone Number:	Alternative Phone:
Email:	
I am 18 years of age or older Yes <input type="checkbox"/> No <input type="checkbox"/>	

Job Type					
Position(s) applying for:	Fry	<input type="checkbox"/>	Dish	<input type="checkbox"/>	
	Prep	<input type="checkbox"/>	Grill	<input type="checkbox"/>	Bartender <input type="checkbox"/>
	Host	<input type="checkbox"/>	Server	<input type="checkbox"/>	Manager <input type="checkbox"/>

Day/hours available to work							
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Mon. AM/PM	<input type="checkbox"/> Tues. AM/ PM	<input type="checkbox"/> Wed. AM/PM	<input type="checkbox"/> Thurs. AM/PM	<input type="checkbox"/> Fri. AM/PM	<input type="checkbox"/> Sat. AM/PM	<input type="checkbox"/> Sun. AM/PM
I am seeking a:	<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> Seasonal		
How many hours can you work weekly?				Pay Rate Requested		Date available to begin	

Additional Information		
Have you ever been employed by this organization in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have reliable transportation to and from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I certify that I am a U.S. citizen, permanent resident, or foreign national with authorization to work in the United States.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Job Skills/Qualifications

Please list below the skills and qualification you possess for the positions for which you are applying:

Education

High School Name:	Location (City, State)	Year Graduated	Currently Enrolled
			<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University:	Location (City, State)	Year Graduated	Currently Enrolled
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Degree/Diploma:

Previous Employment

Employer Name:	Job Title:
Supervisor Name:	
Employer Address (city, state, zip code)	
Telephone Number:	Dates Employed:

References

Please provide 2 personal and professional reference(s) below:

Reference Name	Contact Information

Signature

Date