

KIOWA DRIVE THRU
EMPLOYMENT APPLICATION

THIS EMPLOYMENT APPLICATION WILL BE USED FOR KIOWA DRIVETHRU
INFORMATION ONLY. PLEASE DO NOT ANSWER ANY QUESTIONS YOU FEEL
VIOLATE YOUR RIGHTS.

NAME: _____

ADDRESS: _____

CITY: _____ PHONE: _____

SSN LAST 4: _____ LICENSE NO: _____

D.O.B.: _____ EMERGENCY NO: _____

EMERGENCY NAME: _____ RELATIONSHIP: _____

WORK HISTORY

PRESENT JOB: _____ SUPERVISORS NAME: _____

POSITION: _____ DUTIES: _____

HOW LONG? _____ PHONE NO: _____

PREVIOUS JOB: _____ SUPERVISOR'S NAME: _____

POSITION: _____ DUTIES: _____

HOW LONG? _____ PHONE NO: _____

EDUCATION

HIGH SCHOOL GRADUATE: YES ___ NO ___

HEALTH

DO YOU HAVE ANY PHYSICAL HANDICAP? YES ___ NO ___

IF YES, LIST HANDICAP: _____

ARE YOU ON ANY MEDICATION? YES ___ NO ___

DO YOU USE ANY ILLEGAL DRUGS? YES ___ NO ___

CAN YOU LIFT APPROXIMATELY 20 LBS? YES ___ NO ___

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___

SIGNATURE: _____ DATE: _____