

Date _____

Job Application Questionnaire

Employer (if listed) _____

Job Title _____

Contact Information

Full Name: _____

First

Last

M.I.

Primary Phone: () _____ Alternate Phone: () _____

Questionnaire

Do you meet all of the qualifications listed on this job flyer? Yes No

Are you bilingual in any languages? Yes No If yes, please list:

Do you have a current CA Food Handlers Certificate? Yes No

Do you have reliable transportation? Yes No

Why are you interested in this specific position?

What 3 strengths have helped you succeed in previous positions and how did these skills help the business?

1. _____

2. _____

3. _____

Please describe a difficult customer or co-worker experience you've had. What did you do in this experience and what was the outcome?

In your opinion, what are the 3 most important skills needed in this position?

1. _____

2. _____

3. _____

Are there any areas of this position you feel you'd need training? If so, please list.

Please describe a situation where you provided excellent customer service.

Please list the hours you are available to work during the next 6 months (*example 7:00am – 4:00pm*).

M	T	W	Th	F	Sa	Su

Thank you for your interest in this position, please submit your application materials including this questionnaire to a Career Center Staff Person.