

Application for Employment

An Equal Opportunity Employer

**Northern Michigan
Employee Services, LLC**

102 East Main Street
Marquette, MI 49855
(906) 228-5200
Fax: (906) 226-2824

PERSONAL INFORMATION: *(Please Print)*

Name: _____ **Date:** _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Telephone: () _____ **Social Security Number:** _____

Are you? 18 or older? Between 16 & 17? 15 or under?

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

A valid driver's license—or other form of photo ID—and social security card will be required upon employment.

RESTAURANT EXPERIENCE: *(Please check any prior restaurant experience)*

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Management | <input type="checkbox"/> Bartender | <input type="checkbox"/> Line/Kitchen Cook | <input type="checkbox"/> Cocktail Server |
| <input type="checkbox"/> Waiter/tress | <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Line/Kitchen Prep | <input type="checkbox"/> Banquet Cook |
| <input type="checkbox"/> Barback | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Bus/Dishwasher | <input type="checkbox"/> Security |
| <input type="checkbox"/> Other <i>(Please Specify):</i> _____ | | | |

Position(s) applying for: _____

- Have you ever applied to this Restaurant before?..... Yes No **Date Available:** _____
- Are you currently employed?..... Yes No **Salary Desired:** _____
- May we contact your current employer?..... Yes No
- If a position requires travel, do you have a valid drivers license?..... Yes No
- Have you ever been convicted of a felony?..... Yes No
(Conviction will not automatically disqualify an applicant from employment.)

If Yes, please explain: _____

Special skills, experiences, or qualifications which may benefit you in the job for which you are applying: _____

AVAILABILITY – List hours you are available to work per week:

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

EDUCATIONAL BACKGROUND:	School Name and Address	Years Completed	Diploma Degree	Subjects Studied	GPA
High School					
College					
Graduate School					
Trade, Business or Vocational School					

EMPLOYMENT HISTORY: *(List the last 3 employers, starting with the last one first. You may include any volunteer activities or military experience.)*

Name and Address of Employer:			Telephone Number:
From:	To:	Job Title:	Supervisor:
Describe Major Duties: _____			
Reason for Leaving: _____		Starting Salary: \$ Per	Final Salary: \$ Per
Name and Address of Employer:			Telephone Number:
From:	To:	Job Title:	Supervisor:
Describe Major Duties: _____			
Reason for Leaving: _____		Starting Salary: \$ Per	Final Salary: \$ Per
Name and Address of Employer:			Telephone Number:
From:	To:	Job Title:	Supervisor:
Describe Major Duties: _____			
Reason for Leaving: _____		Starting Salary: \$ Per	Final Salary: \$ Per

REFERENCES: *(List the names of three persons, not related to you, whom you have known at least one year.)*

NAME:	ADDRESS:	BUSINESS	YEARS ACQUAINTED	PHONE #:

Referred for this position(s) by: _____

SIGNED: _____ DATE: _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS CASE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ANY PROMISE OF EMPLOYMENT. ANY POSSIBLE EMPLOYMENT WITH UPFRONT & COMPANY IS "AT WILL."

APPLICANTS DO NOT WRITE IN BOX: OFFICE USE ONLY

INTERVIEWED BY:			DATE:	
REMARKS:				
NEATNESS:		ABILITY:		
HIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DEPT:	POSITION:	START DATE:	SALARY:
APPROVALS:		1. _____		2. _____
		EMPLOYMENT MANAGER:		GENERAL MANAGER:

**FORM
1-A**

Conditional Employee and Food Employee Interview

Preventing Transmission of Diseases through Food by Infected Food Employees or Conditional Employees with Emphasis on illness due to Norovirus, *Salmonella Typhi*, *Shigella* spp., Enterohemorrhagic (EHEC) or Shiga toxin-producing *Escherichia coli* (STEC), or hepatitis A Virus

The purpose of this interview is to inform conditional employees and food employees to advise the person in charge of past and current conditions described so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

Conditional employee name (print) _____
 Food employee name (print) _____
 Address _____
 Telephone Daytime: _____ Evening: _____
 Date _____

Are you suffering from any of the following symptoms? (Circle one)

If YES, Date of Onset

Diarrhea?	YES / NO	_____
Vomiting?	YES / NO	_____
Jaundice?	YES / NO	_____
Sore throat with fever?	YES / NO	_____

Or

Infected cut or wound that is open and draining, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cut, wound, or lesion not properly covered? YES / NO
 (Examples: *boils and infected wounds, however small*)

In the Past:

Have you ever been diagnosed as being ill with typhoid fever (*Salmonella Typhi*) YES / NO
 If you have, what was the date of the diagnosis? _____
 If within the past 3 months, did you take antibiotics for *S. Typhi*? YES / NO
 If so, how many days did you take the antibiotics? _____
 If you took antibiotics, did you finish the prescription? YES / NO

History of Exposure:

1. Have you been suspected of causing or have you been exposed to a confirmed foodborne disease outbreak recently? YES / NO

If YES, date of outbreak: _____

a. If YES, what was the cause of the illness and did it meet the following criteria?

Cause: _____	
i. Norovirus (last exposure within the past 48 hours)	Date of illness outbreak _____
ii. <i>E. coli</i> O157:H7 infection (last exposure within the past 3 days)	Date of illness outbreak _____
iii. Hepatitis A virus (last exposure within the past 30 days)	Date of illness outbreak _____
iv. Typhoid fever (last exposure within the past 14 days)	Date of illness outbreak _____
v. Shigellosis (last exposure within the past 3 days)	Date of illness outbreak _____

FORM 1-A (continued)

- b. If YES, did you:
- i. Consume food implicated in the outbreak? _____
 - ii. Work in a food establishment that was the source of the outbreak? _____
 - iii. Consume food at an event that was prepared by person who is ill? _____

2. Did you attend an event or work in a setting, recently where there was a confirmed disease outbreak? YES / NO

If so, what was the cause of the confirmed disease outbreak?

If the cause was one of the following five pathogens, did exposure to the pathogen meet the following criteria?

- a. Norovirus (last exposure within the past 48 hours) YES / NO
- b. *E. coli* O157:H7 (or other EHEC/STEC (last exposure within the past 3 days) YES / NO
- c. *Shigella* spp. (last exposure within the past 3 days) YES / NO
- d. *S. Typhi* (last exposure within the past 14 days) YES / NO
- e. hepatitis A virus (last exposure within the past 30 days) YES / NO

Do you live in the same household as a person diagnosed with Norovirus, Shigellosis, typhoid fever, hepatitis A, or illness due to *E. coli* O157:H7 or other EHEC/STEC?

YES / NO Date of onset of illness _____

3. Do you have a household member attending or working in a setting where there is a confirmed disease outbreak of Norovirus, typhoid fever, Shigellosis, EHEC/STEC infection, or hepatitis A?
YES / NO Date of onset of illness _____

Name, Address, and Telephone Number of your Health Practitioner or doctor:

Name _____
Address _____
Telephone – Daytime: _____ Evening: _____

Signature of Conditional Employee _____ Date _____

Signature of Food Employee _____ Date _____

Signature of Permit Holder or Representative _____ Date _____

FORM 1-B Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on illness due to Norovirus, Salmonella Typhi , Shigella spp., Enterohemorrhagic (EHEC) or Shiga toxin-producing Escherichia coli (STEC), or hepatitis A Virus	Conditional Employee or Food Employee Reporting Agreement
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The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other EHEC/STEC infection, or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ **Date** _____

Food Employee Name (please print) _____

Signature of Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____

FORM

1-C

Conditional Employee or Food Employee Medical Referral

Preventing Transmission of Diseases through Food by Infected Food Employees with Emphasis on Illness due to Norovirus, Typhoid fever (**Salmonella Typhi**), **Shigellosis (Shigella spp.)**, **Escherichia coli O157:H7** or other Enterohemorrhagic (EHEC) or Shiga toxin-producing **Escherichia coli (STEC)**, and hepatitis A Virus

The **Food Code** specifies, under **Part 2-2 Employee Health Subpart 2-201 Disease or Medical Condition**, that Conditional Employees and Food Employees obtain medical clearance from a health practitioner licensed to practice medicine, unless the Food Employees have complied with the provisions specified as an alternative to providing medical documentation, whenever the individual:

1. Is chronically suffering from a symptom such as **diarrhea**; or
2. Has a **current illness** involving Norovirus, typhoid fever (**Salmonella Typhi**), shigellosis (**Shigella spp.**) **E. coli O157:H7** infection (or other EHEC/STEC), or hepatitis A virus (hepatitis A), or
3. Reports **past illness** involving typhoid fever (**S. Typhi**) within the past three months (while salmonellosis is fairly common in U.S., typhoid fever, caused by infection with **S. Typhi**, is rare).

Conditional employee being referred: (Name, please print) _____

Food Employee being referred: (Name, please print) _____

4. Is the employee assigned to a food establishment that serves a population that meets the Food Code definition of a **highly susceptible population** such as a day care center with preschool age children, a hospital kitchen with immunocompromised persons, or an assisted living facility or nursing home with older adults?

YES NO

Reason for Medical Referral: The reason for this referral is checked below:

- Is chronically suffering from vomiting or diarrhea; or (specify) _____
- Diagnosed or suspected Norovirus, typhoid fever, shigellosis, **E. coli O157:H7** (or other EHEC/STEC) infection, or hepatitis A. (Specify) _____
- Reported past illness from typhoid fever within the past 3 months. (Date of illness) _____
- Other medical condition of concern per the following description: _____

Health Practitioner's Conclusion: (Check the appropriate one; refer to reverse side of form)

- Food employee is free of **Norovirus** infection, typhoid fever (**S. Typhi** infection), **Shigella** spp. infection, **E. coli O157:H7** (or other **EHEC/STEC** infection), or **hepatitis A** virus infection, and may work as a food employee without restrictions.
- Food employee is an asymptomatic shedder of **E. coli O157:H7** (or other **EHEC/STEC**), **Shigella** spp., or Norovirus, and is restricted from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles in food establishments that do not serve highly susceptible populations.
- Food employee is not ill but continues as an asymptomatic shedder of **E. coli O157:H7** (or other **EHEC/STEC**), **Shigella** spp. and should be excluded from food establishments that serve highly susceptible populations such as those who are preschool age, immunocompromised, or older adults and in a facility that provides preschool custodial care, health care, or assisted living.
- Food employee is an asymptomatic shedder of **hepatitis A** virus and should be excluded from working in a food establishment until medically cleared.
- Food employee is an asymptomatic shedder of **Norovirus** and should be excluded from working in a food establishment until medically cleared, or for at least 24 hours from the date of the diagnosis.
- Food employee is suffering from Norovirus, typhoid fever, shigellosis, **E. coli O157:H7** (or other **EHEC/STEC** infection), or **hepatitis A** and should be excluded from working in a food establishment.

FORM 1-C (continued)

COMMENTS: (In accordance with Title I of the Americans with Disabilities Act (ADA) and to provide only the information necessary to assist the food establishment operator in preventing foodborne disease transmission, please confine comments to explaining your conclusion and estimating when the employee may be reinstated.)

Signature of Health Practitioner

Date