

EMPLOYMENT APPLICATION

DIXIE'S FISH & CHICKEN is an Equal Opportunity Employer



NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

CITY STATE ZIP

PHONE: _____ CELL: _____

EMAIL: _____
 SS#: _____

- ARE YOU 18 YEARS OF AGE OR OLDER? YES NO IF NO, WHAT IS YOUR AGE? _____ DATE OF BIRTH: _____
- POSITION DESIRED: _____ FULL-TIME PART-TIME DATE AVAILABLE: _____

DAYS AVAILABLE (CIRCLE):	MON	TUE	WED	THU	FRI	SAT	SUN
WHAT HOURS AVAILABLE:							

- DO YOU HAVE ANY FOOD ALLERGIES OR MEDICAL/PHYSICAL CONDITION THAT WOULD PREVENT YOU FROM DOING THIS JOB?
 YES NO IF YES, EXPLAIN:

- HAVE YOU BEEN CONVICTED OF A CRIME? YES NO IF YES, EXPLAIN:

- HAVE YOU EVER BEEN EMPLOYED BY DIXIE'S? YES NO IF SO, WHERE/WHEN:

- DO YOU HAVE FRIENDS OR FAMILY NOW OR PREVIOUSLY EMPLOYED HERE? YES NO
 IF SO, PROVIDE NAME AND RELATIONSHIP TO YOU: _____

- ARE YOU SERVSAFE CERTIFIED? YES NO
- CAN YOU PROVIDE DOCUMENTATION SHOWING YOU ARE LEGAL TO WORK IN THE UNITED STATES? YES NO
- DO YOU SMOKE? YES NO

▪ **EDUCATION:**

NAME & LOCATION OF SCHOOL	DATES ATTENDED	GRADUATION DATE

▪ **EMPLOYMENT HISTORY:**

DATES EMPLOYED	NAME & ADDRESS OF EMPLOYER	SUPERVISOR'S NAME	REASON FOR LEAVING
FROM: TO:			
FROM: TO:			
FROM: TO:			

- **REFERENCES:** PLEASE LIST TWO (2) REFERENCES, PREFERABLY BUSINESS, PROFESSIONAL, OR ACADEMIC:

NAME	ADDRESS	TELEPHONE

I certify that to the best of my knowledge, the facts contained in this application are true and complete. I understand that if employed, false or misleading information given on this application could be grounds for dismissal. I authorize investigation of statements contained in this application, as may be necessary in arriving at an employment decision, including a background check. I also understand and acknowledge that if hired, I will be required to abide by all rules and regulations of the employer and that any relationship with this company is of an "at will" nature, which means that my employment is for no definite period time; that I may resign at any time; and that I may be discharged at any time, with or without cause.

Signature of Applicant _____

Date: _____