

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

POSITION APPLIED FOR: _____

DATE STARTED: _____

DATE APPLIED: _____

EMPLOYEE NUMBER: _____

NOTICE: Applicant should read the following information carefully before filling out any of the questions on this form. We are an equal opportunity employer and fully subscribe to the principles of equal opportunity. It is our policy to seek and employ the best qualified personnel in all positions without regard to race, color, religion, age, sex, disability, national origin or any other basis made unlawful by either state or federal law. It is our policy to comply with all federal and state employment statues. Information requested on this application will not be used for any purposes prohibited by law.

Please answer all questions:

NAME: LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS CITY STATE ZIP CODE

PHONE LENGTH OF RESIDENCE AT CURRENT ADDRESS

Are you 18 years or older? Yes No If not, state date of birth _____ / _____ / _____

If under age 18, how many hours per week are you employed elsewhere? _____ hours

Have you had any name changes this employer should know about in order to verify job or education history? Yes No Previous Name _____

Do you have transportation to work? Yes No Are you authorized to work in the U.S.? Yes No

Position applied for _____ Date you can start ____ / ____ / ____ Salary desired _____

Are you applying for Full Time Part Time Temporary Days Only Nights Only Days/Nights

Who recommended you for this position? _____

IN CASE OF EMERGENCY NOTIFY

NAME PHONE ADDRESS RELATIONSHIP

EDUCATION

SCHOOLING	NAME AND ADDRESS OF SCHOOL	GRADE or DEGREE COMPLETED	GRADUATE	
			YES	NO
High School				
College or University				
Others (Specify)				
Military Service Schools Attended				
Military Service Record	War Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	From: (Date)	To: (Date)

PREVIOUS RESTAURANT EXPERIENCE

(LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

EMPLOYER	COMPANY BUSINESS	YOUR POSITION	IMMEDIATE SUPERVISOR	TITLE	EMPLOYMENT DATES	YEARLY SALARY	REASON FOR LEAVING
COMPANY NAME: _____ ADDRESS: _____ PHONE: _____							

JOB DUTIES: _____

COMPANY NAME: _____ ADDRESS: _____ PHONE: _____							
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JOB DUTIES: _____

COMPANY NAME: _____ ADDRESS: _____ PHONE: _____							
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JOB DUTIES: _____

COMPANY NAME: _____ ADDRESS: _____ PHONE: _____							
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JOB DUTIES: _____

PLEASE CHECK THE KIND OF WORK YOU HAVE DONE

- | | | | | |
|-------------------------------------|--------------------------------------|---|---|--|
| <input type="checkbox"/> Bartender | <input type="checkbox"/> Cook Helper | <input type="checkbox"/> Host / Hostess | <input type="checkbox"/> Porter | <input type="checkbox"/> Wait Staff |
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Counter | <input type="checkbox"/> Kitchen Helper | <input type="checkbox"/> Pot Washer | <input type="checkbox"/> Wait Staff – Arm Service |
| <input type="checkbox"/> Bus Person | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Manager | <input type="checkbox"/> Salad | <input type="checkbox"/> Wait Staff – Tray Service |
| <input type="checkbox"/> Chef | <input type="checkbox"/> Food Prep | <input type="checkbox"/> Pantry | <input type="checkbox"/> Sandwiches | |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Fountain | <input type="checkbox"/> Pastry Cook | <input type="checkbox"/> Vegetable Cook | |

Are there any job duties that you would be unable to perform? _____

Is there anything we could do to accommodate you so you could perform all the required job duties? _____

Are you now employed? Yes No Telephone number _____

- I authorize investigation of all statements contained in this application.
- I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the forgoing inquiries
- I have read these statements and answers to these inquiries. Yes No

Date _____ Signature _____