

# APPLICATION FOR EMPLOYMENT

Sauce Bar & Bistro

1507 C Street SW  
Cedar Rapids, IA 52404  
(319) 654 - 4434

Mail or drop off completed application to the address above or email it to [saucebarandbistro@gmail.com](mailto:saucebarandbistro@gmail.com)

## PERSONAL INFORMATION: (please print clearly)

NAME \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

SOC. SEC. # / TAX ID NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Have you ever worked in a restaurant before? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

Are you over 18 years of age? YES \_\_\_\_\_ NO \_\_\_\_\_ (If no, a work permit will be required)

## IN CASE OF EMERGENCY NOTIFY:

NAME \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**AVAILABILITY:** Are you legally able to be employed in this country? YES NO (If hired, verification will be required by law)

What type of position are you seeking? Part time \_\_\_\_\_ Full time \_\_\_\_\_ Seasonal \_\_\_\_\_ Temporary \_\_\_\_\_

Are you able to meet the attendance requirements of this position? YES \_\_\_\_\_ NO \_\_\_\_\_

Total hours available to work per week \_\_\_\_\_

Date available to begin work \_\_\_\_\_

## HOURS AVAILABLE TO WORK:

SUN \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_



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## SCHOOL MOST RECENTLY ATTENDED:

NAME \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HIGHEST GRADE COMPLETED \_\_\_\_\_

NOW ENROLLED: YES \_\_\_\_\_ NO \_\_\_\_\_ GRADUATED: YES \_\_\_\_\_ NO \_\_\_\_\_

List activities currently involved in \_\_\_\_\_

\_\_\_\_\_

## MOST RECENT EMPLOYMENT:

COMPANY \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Position \_\_\_\_\_ Name of supervisor \_\_\_\_\_

Dates worked: From \_\_\_\_\_ To \_\_\_\_\_ Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

COMPANY \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Position \_\_\_\_\_ Name of supervisor \_\_\_\_\_

Dates worked: From \_\_\_\_\_ To \_\_\_\_\_ Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Reference check done by \_\_\_\_\_ Date \_\_\_\_\_

Do we have your permission to contact your current employer? YES \_\_\_\_\_ NO \_\_\_\_\_

