

FLAMINGO RESTAURANT Application for Employment

PERSONAL INFORMA	ΓΙΟΝ				
NAME		SOCIAL SECURITY NUMBER			
ADDRESS		CITY		STATE	ZIP CODE
PHONE NUMBER			REFERRED	BY	
DESIRED EMPLOYME	NT				
POSITION	DATE YOU CAN START	ARE Y	YOU EMPLOYE S NO	D? SALA	RY DESIRED
EDUCATION HISTORY	F	A T			
		OCATION OF SO	CHOOL		EARS DID YOU
HIGH SCHOOL				AT	FENDED GRADUATE?
COLLEGE					
GENERAL INFORMAT	ION	***************************************			
SPECIAL SKILLS/QUALIFIC					
DESCRIPTION OF THE OWNER.					***************************************
PREVIOUS EMPLOYM DATES	ENT LIST BELOW YOUR LAST TWO EMPLOYER	O EMPLOYERS, :	STARTING WITI SALARY	1 THE MOST RECEN POSITION	T REASON FOR LEAVING
MONTH AND YEAR			TO BE CONTROL OF		REAGNOTION LEGGEN
FROM					
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REFERENCES GIVE BE	LOW THE NAMES OF TWO PERSONS NAME	NOT RELATED			
	- NAME		ni Ox	Æ NCMBER	YEARS KNOWN

					N. Carlos

Date:

AUTHORIZATION

"I certify that all facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements shall be grounds for dismissal. I authorize investigations of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws."

DATE	SIGNATURE