

APPLICATION FOR EMPLOYMENT



LAST NAME FIRST NAME MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS CITY STATE ZIP CODE

How long have you lived at the above address? _____

PHONE _____

Are you currently employed? Yes No Are you 16 years of age or older? Yes No (Proof of age or a work permit may be required)

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

Date of birth ____/____/____ Have you ever applied for this company before? Yes No

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 and from work? Yes No Are you authorized to work in the U.S.? Yes No

Do you smoke tobacco? Yes No Do you drink? Yes No

Are there any job duties that you would be unable to perform? Some job duties will require lifting items up to 50 pounds. All positions will require standing/walking for a long period of time. Yes No If yes please explain: _____

Do you have a criminal background? Yes No If yes please explain: _____

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

Are you able to meet the attendance requirements of this position? Yes No Total hours available to work per week? _____

Are you applying for: Full Time Part Time Temporary Days Only Evening Only Days/Evenings

Days available to work? Monday Tuesday Wednesday Thursday Friday Saturday Sunday

SCHOOL MOST RECENTLY ATTENDED

SCHOOL: _____ ADDRESS: _____

CITY: _____ STATE: _____ PHONE: _____

LAST GRADE COMPLETED: _____ GRADE AVERAGE: _____ GRADUATED: Yes No NOW ENROLLED: Yes No

SPORTS OR ACTIVITIES? _____

WHAT KIND OF WORK YOU HAVE DONE (check all that apply)

- | | | | |
|--------------------------------------|---|--------------------------------------|---|
| <input type="checkbox"/> BARTENDER | <input type="checkbox"/> DISHWASHER | <input type="checkbox"/> PASTRY COOK | <input type="checkbox"/> WAIT STAFF |
| <input type="checkbox"/> CHEF | <input type="checkbox"/> FOOD PREP TECHNICIAN | <input type="checkbox"/> POT WASHER | <input type="checkbox"/> VEGETABLE COOK |
| <input type="checkbox"/> COOK | <input type="checkbox"/> HOST OR HOSTESS | <input type="checkbox"/> SALAD | <input type="checkbox"/> MANAGER |
| <input type="checkbox"/> COOK HELPER | <input type="checkbox"/> KITCHEN HELPER | <input type="checkbox"/> SANDWICHES | <input type="checkbox"/> DIETITIAN |

EMPLOYMENT HISTORY *(MOST RECENT FIRST TO LAST)*

EMPLOYER: _____ ADDRESS: _____
CITY: _____ STATE: _____ PHONE: _____
POSITION: _____ SUPERVISOR: _____
START DATE: _____ DATE LEFT: _____
PAY: _____ REASON FOR LEAVING: _____
Do we have permission to contact this employer? If NO, please explain: _____

EMPLOYER: _____ ADDRESS: _____
CITY: _____ STATE: _____ PHONE: _____
POSITION: _____ SUPERVISOR: _____
START DATE: _____ DATE LEFT: _____
PAY: _____ REASON FOR LEAVING: _____
Do we have permission to contact this employer? If NO, please explain: _____

EMPLOYER: _____ ADDRESS: _____
CITY: _____ STATE: _____ PHONE: _____
POSITION: _____ SUPERVISOR: _____
START DATE: _____ DATE LEFT: _____
PAY: _____ REASON FOR LEAVING: _____
Do we have permission to contact this employer? If NO, please explain: _____

REFERENCES *(Please Don't use family members)*

NAME: _____ PHONE: _____ YEARS KNOWN: _____
ADDRESS: _____ CITY: _____ STATE: _____
NAME: _____ PHONE: _____ YEARS KNOWN: _____
ADDRESS: _____ CITY: _____ STATE: _____
NAME: _____ PHONE: _____ YEARS KNOWN: _____
ADDRESS: _____ CITY: _____ STATE: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

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

Date _____ Signature _____