

# APPLICATION FOR EMPLOYMENT



**Personal Information:** (please print or type)

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First MI

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Phone # ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_  
Name Address Phone Relationship

Have you ever been employed by this company before? ( ) Yes ( ) No  
 If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever applied to this company before? ( ) Yes ( ) No  
 If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Number of hours desired \_\_\_\_\_ Full or Part-time \_\_\_\_\_ Date available? \_\_\_\_\_

Please list any hours you are NOT available to work \_\_\_\_\_

Check the position(s) you are applying for:

( ) Host / Hostess ( ) Wait / Waitress ( ) Bus Person ( ) Dishwasher ( ) Other \_\_\_\_\_

Some of our positions require that you be 18 or older. If hired for one of these positions, can you show proof of age? ( ) Yes ( ) No

Are you legally authorized to work in the U.S. on an unrestricted basis? ( ) Yes ( ) No

In the last seven years, have you been convicted of or on probation for offenses involving the sale of drugs or in any manner reflecting on your honesty, integrity, or propensity for violence? ( ) Yes ( ) No

**Education:**

School Level	Name & Location of School	Major	Status	
			No. of Years Attended	Did you graduate?
High School				
College				
Trade / Corresp. School				

**Additional Information:**

Are you fluent in other languages, if so please list? \_\_\_\_\_  
 Do you have a valid state driver's license? \_\_\_\_\_ State of Issue \_\_\_\_\_ DL# \_\_\_\_\_  
 Please list any other skills, licenses, or certificates that are job-related \_\_\_\_\_  
 \_\_\_\_\_

## Experience:

Most Recent Employer:		Most Recent Employer:		Name of Employer:	
Street Address:		Street Address:		Street Address:	
City, State, Zip Code:		City, State, Zip Code:		City, State, Zip Code:	
Telephone #:		Telephone #:		Telephone #:	
Supervisor's Name:	May we contact: ( ) Yes ( ) No	Supervisor's Name:	May we contact: ( ) Yes ( ) No	Supervisor's Name:	May we contact: ( ) Yes ( ) No
Dates Employed: Start: End:	Salary / Pay Rate: Start: End:	Dates Employed: Start: End:	Salary / Pay Rate: Start: End:	Dates Employed: Start: End:	Salary / Pay Rate: Start: End:
Position/ Duties:	Hrs / Week:	Position/ Duties:	Hrs / Week:	Position/ Duties:	Hrs / Week:
Reason for leaving:		Reason for leaving:		Reason for leaving:	

**References:** (include only individuals familiar with your work ability – do not include relatives)

Name	Phone	Name of Business / Address	Years Known / Relationship

OUR COMPANY WILL NOT ENGAGE IN ANY EMPLOYMENT PRACTICES WHICH DISCRIMINATE AGAINST EMPLOYMENT APPLICANTS BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR DISABILITY.

## Authorization:

I certify that the answers given herein are true and complete to my knowledge. I authorize the company and / or its agents, including consumer reporting bureaus, to investigate all statements contained in this application, as may be necessary in arriving at an employment decision (including, but not limited to, criminal history and motor vehicle driving records). I release the company and/or its agents from any liability which might arise from such an investigation.

I understand this application is not a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in termination. I also understand that the use of illegal drugs or alcohol on the job is prohibited during employment. In the event that I am employed, I agree to abide by all policies and procedures of this company.

Signature of Applicant:	Date:
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This information must be kept on file for one year. This application will remain in our active files for 30 days.