

Position Applied For

Application for Employment

For Office Use Only

Date



Dated Started

Employee Number

Department

Kitchen Cashier Car Hop Other

NOTICE: Applicant should read the following information carefully before filling out any of the questions in 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 statutes. Information requested on this application will not be used for any purpose prohibited by law.

NAME LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS CITY STATE ZIP CODE

How long have you lived at above address? _____

PHONE

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

If under 18 years old, how many hours per week are you employed elsewhere? _____ hrs.

Have you ever had any name changes this employer should know about in order to verify job or educational 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

Position Applied For _____ Date you can start _____ Salary Desired _____

Who recommended you for this position? _____

EDUCATION

SCHOOLING	NAME AND ADDRESS OF SCHOOL	GRADE OR DEGREE COMPLETED	GRADUATE	
			YES	NO
High School				
College or University				
Other (Specify)				

PLEASE CHECK THE KIND OF WORK YOU HAVE DONE:

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

**PREVIOUS EXPERIENCE
(LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT)**

EMPLOYMENT	COMPANY BUSINESS	YOUR POSITION	IMMEDIATE SUPERVISOR	TITLE	EMPLOYMENT DATES	HOURLY SALARY	REASON FOR LEAVING
1) Company Name _____ Address _____ _____ Phone _____					Date Started	Salary	
					Date Left	Salary	

Job Duties

2) Company Name _____ Address _____ _____ Phone _____					Date Started	Salary	
					Date Left	Salary	

Job Duties

3) Company Name _____ Address _____ _____ Phone _____					Date Started	Salary	
					Date Left	Salary	

Job Duties

4) Company Name _____ Address _____ _____ Phone _____					Date Started	Salary	
					Date Left	Salary	

Job Duties

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

Have you ever applied to this company before? Yes No If yes, when? _____

Are you employed now? Yes No Telephone Number _____

IN CASE OR EMERGENCY NOTIFY—(NAME, ADDRESS, PHONE) RELATIONSHIP, IF ANY

BELOW, PLEASE LIST THE TIMES THAT YOU ARE AVAILABLE TO WORK EACH DAY.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

REMARKS:

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

Date _____ Signature _____