

| |
|----------------------|
| POSITION APPLIED FOR |
| DATE |

APPLICATION FOR EMPLOYMENT

(Please answer all questions)



NOTICE: Applicant should read the following information carefully before filling out any of the questions on 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 the above address? _____

PHONE

Are you 18 years old or older? ☐ Yes ☐ No If not, state date of birth ____/____/____

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

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

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

Are you applying for ☐ Full Time ☐ Part Time ☐ Temporary ☐ Days Only ☐ Nights Only ☐ Days/Nights

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 | | | | | | |
| | | | | | | |
| Others (Specify) | | | | | | |
| | | | | | | |
| Military Service Schools Attended | | | | | | |
| | | | | | | |
| Military Service Record | War Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No | Branch | From: (Date) | To: (Date) | Highest Grade | |

PLEASE CHECK THE KIND OF WORK YOU HAVE DONE:

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

—CONTINUED ON REVERSE SIDE—

PREVIOUS RESTAURANT EXPERIENCE

(LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

| EMPLOYMENT - Last Company First | COMPANY BUSINESS | YOUR POSITION | IMMEDIATE SUPERVISOR | TITLE | EMPLOYMENT DATES | YEARLY SALARY | REASON FOR LEAVING |
|---|------------------|---------------|----------------------|-------|---------------------------------|------------------------|--------------------|
| 1) Company Name <hr/> Address <hr/> <hr/> Phone <hr/> | | | | | Date Started <hr/> Date Left | Salary <hr/> Salary | |

Job Duties

| | | | | | | | |
|---|--|--|--|--|---------------------------------|------------------------|--|
| 1) Company Name <hr/> Address <hr/> <hr/> Phone <hr/> | | | | | Date Started <hr/> Date Left | Salary <hr/> Salary | |
|---|--|--|--|--|---------------------------------|------------------------|--|

Job Duties

| | | | | | | | |
|---|--|--|--|--|---------------------------------|------------------------|--|
| 1) Company Name <hr/> Address <hr/> <hr/> Phone <hr/> | | | | | Date Started <hr/> Date Left | Salary <hr/> Salary | |
|---|--|--|--|--|---------------------------------|------------------------|--|

Job Duties

| | | | | | | | |
|---|--|--|--|--|---------------------------------|------------------------|--|
| 1) Company Name <hr/> Address <hr/> <hr/> Phone <hr/> | | | | | Date Started <hr/> Date Left | Salary <hr/> Salary | |
|---|--|--|--|--|---------------------------------|------------------------|--|

Job Duties

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

is there anything we could do to accommodate you so you could perform all the required job duties? _____

Have you ever applied to this company before? ☐ Yes ☐ No If yes, where? _____ When? _____

Are you now employed? ☐ Yes ☐ No Telephone number _____

IN CASE OF EMERGENCY NOTIFY – (NAME, ADDRESS, PHONE) RELATIONSHIP, IF ANY

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 truthful answers to the forgoing inquiries.
3. I have read these statements and answers to these inquiries. ☐ Yes ☐ No

Date _____ Signature _____