

POSITION APPLIED FOR
DATE

# APPLICATION FOR EMPLOYMENT

(Please answer all questions)

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

FOR OFFICE USE ONLY			
DATE STARTED			
EMPLOYEE NUMBER			
DEPARTMENT			
Kitchen	Bar	Dining Room	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 age 18, how many hours per week are you employed elsewhere? \_\_\_\_\_ hrs.

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"/> 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       |  |

—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 _____ Address _____ Phone _____					Date Started _____ Date Left _____	Salary _____ Salary _____	

Job Duties \_\_\_\_\_

2) Company Name _____ Address _____ Phone _____					Date Started _____ Date Left _____	Salary _____ Salary _____	
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Job Duties \_\_\_\_\_

3) Company Name _____ Address _____ Phone _____					Date Started _____ Date Left _____	Salary _____ Salary _____	
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Job Duties \_\_\_\_\_

4) Company Name _____ Address _____ Phone _____					Date Started _____ Date Left _____	Salary _____ Salary _____	
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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 foregoing inquiries.
3. I have read these statements and answers to these inquiries.  Yes  No

Date \_\_\_\_\_ Signature \_\_\_\_\_

