



EMPLOYMENT APPLICATION

HOW WERE YOU REFERRED TO US?	POSITIONS APPLIED FOR:	DATE: _____/_____/_____
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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.

-Please answer all questions as best as possible-

NAME: First _____ Middle _____ Last _____ SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE: (_____) _____ EMAIL: _____

EMERGENCY CONTACT (NAME, PHONE, RELATIONSHIP): _____

Years lived at present address? _____ Are you 18 years old or older? Yes No If no, state date of birth ____/____/_____

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

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered

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

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

Are you applying for: Any Full Time Part Time Temporary Weekdays Week Ends Days Nights

PLEASE CIRCLE THE KIND OF WORK YOU HAVE DONE:

Bartender	Cook Helper	Grill	Wait Staff
Bus Person	Delivery Driver	Host or Hostess	Pastry Cook
Cashier	Dishwasher	Janitorial	Manager
Cook	Food Prep	Kitchen Helper	Assistant Manager

Summarize Your Special Skill or Qualifications: _____

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? _____

-CONTINUED ON BACK-

EDUCATION HISTORY

SCHOOLING	NAME AND LOCATION OF SCHOOL	GRADE or DEGREE COMPLETED	GRADUATE	
			YES	NO
High School				
Subject Studied				
College/University				
Subject Studied				
Others (Specify)				
Subject Studied				
Military Service				
Schools Attended				

PREVIOUS EMPLOYMENT

(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

1) Company Name _____ Address _____ _____ Phone _____					Date Started _____ Date Left _____	Salary _____ Salary _____	
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Job Duties

1) Company Name _____ Address _____ _____ Phone _____					Date Started _____ Date Left _____	Salary _____ Salary _____	
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Job Duties

1) Company Name _____ Address _____ _____ Phone _____					Date Started _____ Date Left _____	Salary _____ Salary _____	
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Job Duties

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 _____