

EMPLOYMENT / JOB APPLICATION

Please complete each section EVEN IF you decide to attach a resume.

Street Address City State PHONE: PHONE: DATE AVAILABLE TO START: DESIRED HOURLY PAY: \$ POSITION OF INTEREST: CASHIER LINE COOK DISHWASHER MANAGEMENT TEAM DESIRED SCHEDULE: FULL-TIME PART-TIME FLEXIBLE SCHEDULE / ON-CALL HOURS AVAILABLE: Please list the earliest "Start Time" to the latest "End Time" for each day Example: 9:30am - 10pm 2pm - 6pm 0pen - 5pm 6pm - Close X = Not Available Restaurant Is Closed Sunday & Monday TUE WED THURS FRI SAT ADDITIONAL NOTES: EMPLOYMENT ELIGIBILITY ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO* SSN#: YES NO * IF NO, DO YOU HAVE A WORK VISA? LIST TYPE: HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO * IF YES, WRITE THE START AND END DATES: HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO		PERSONAL INFO	RMATION		
DATE AVAILABLE TO START:			D0		
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DATE AVAILABLE TO START:			State	Zip	
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IF NO, DO YOU HAVE A WORK VISA? LIST TYPE: HAVE YOU EVER WORKED FOR THIS EMPLOYER? □YES □NO *IF YES, WRITE THE START AND END DATES: HAVE YOU EVER BEEN CONVICTED OF A FELONY? □ YES* □ NO		EMPLOYMENT EL	IGIBILITY		
	*IF NO, DO YOU HAVE A WO HAVE YOU EVER WORKED *IF YES, WRITE THE START HAVE YOU EVER BEEN COI	ORK VISA? LIST TYPE: FOR THIS EMPLOYER? ☐ AND END DATES: NVICTED OF A FELONY?]YES* □NO		



		EDUCA	TION	
HIGH SCHOOL	:		CITY / STATE:	
		GRADUA ⁻		
COLLEGE:			CITY / STATE:	
		GRADUA ⁻		
OTHER:			CITY / STATE: _	
FROM:	TO: _	DEGREE/	CERTIFICATION: _	
		PREVIOUS EM	PLOYMENT	
EMPLOYER 1:				
	Company			upervisor Name
E-MAIL:			PHONE:	
ADDRESS:				
Stre	et Address	City	State	Zip
STARTING PAY	: \$		ENDING PAY: \$_	☐ HOURLY ☐ SALARY
JOB TITLE:		FR	OM:	TO:
CURRENTLY W	ORKING FO	OR THIS EMPLOYER: \Box Y	ES □ NO*	
*REASON FOR	LEAVING: _			



Company	Manager / Supervisor Name			
E-MAIL:	PHONE:			
ADDRESS:				
Street Address		State	Zip	
STARTING PAY: \$ \[\square \text{hourly } \square \text{salar}	ENDING F	PAY: \$		
JOB TITLE:	_FROM:	тс):	
CURRENTLY WORKING FOR THIS EMPLOYER:	∷ □ YES □ NO*			
*REASON FOR LEAVING:				
		1		
EMPLOYER 3:				
EMPLOYER 3: Company		inager / Supervisor	Name	
	Ма			
Company E-MAIL:	Ma PHON			
Company	Ma PHON	NE:		
Company E-MAIL: ADDRESS:	Ma PHOI City	NE:	Zip	
Company E-MAIL: ADDRESS: Street Address	Ma PHON City RY ENDING F	State PAY: \$	Zip 	
Company E-MAIL: ADDRESS: Street Address STARTING PAY: \$ HOURLY SALAR	Ma PHON City RY ENDING N	State PAY: \$	Zip 	
Company E-MAIL: ADDRESS: Street Address STARTING PAY: \$ □ HOURLY □ SALAF JOB TITLE: CURRENTLY WORKING FOR THIS EMPLOYER:	Ma PHON City RY ENDING F FROM: STOR YES STOR	State PAY: \$ TC	Zip 	
Company E-MAIL: ADDRESS: Street Address STARTING PAY: \$ □ HOURLY □ SALAF	Ma PHON City RY ENDING F FROM: STOR YES STOR	State PAY: \$ TC	Zip 	



FOOD HAND	DLERS CARD:	YES NO		
ANYTHING E	ELSE YOU WOUL	D LIKE US TO KNOW:		
		REFERE	NCES	
			NAL ONLY)	
FULL NAME	:		RELATIONSHIP:	
	First	Last		
COMPANY: _			TITLE:	
E-MAIL:			PHONE:	
	First	Last	RELATIONSHIP:	
COMPANY: _			TITLE:	
E-MAIL:			PHONE:	
FULL NAME	:		RELATIONSHIP:	
	First	Last		
COMPANY: _			TITLE:	
E-MAIL:			PHONE:	



BACKGROUND CHECK CONSENT
ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO
DISCLAIMER
Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered. I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in mapplication or interview may result in my employment being terminated.
SIGNATUREDATE:
PRINT NAME