

# THE BREAKFAST PLACE

## APPLICATION FOR EMPLOYMENT

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: \_\_\_\_\_  
(STREET) (CITY/STATE) (ZIP CODE)

TELEPHONE: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

ARE YOU 18 YEARS OLD OR OLDER? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, WHAT IS YOUR BIRTH DATE? \_\_\_\_\_

YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE THERE ANY FELONY CHARGES AGAINST YOU? YES \_\_\_\_\_ NO \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION: \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_

CAN YOU PERFORM THE DUTIES OF THE JOB IN WHICH YOU WISH TO BE EMPLOYED, WITH OR WITHOUT ACCOMMODATION?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

**FORMER EMPLOYERS**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

NAME	ADDRESS	BUSINESS/OR RELATIONSHIP	YEARS ACQUAINTED
1.			
2.			
3.			

**IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_  
NAME ADDRESS PHONI