HARBOR INN SEAFOOD RESTAURANT

Application for Employment

EQUAL OPPORTUNITY EMPLOYER

Personal Information

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.		
PRESENT ADDRESS	CITY	STATE		ZIP CODE
PERMANENT ADDRESS	CITY	STATE		ZIP CODE
PHONE NO		REFERRED BY		

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? ☐ YES ☐ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☐ NO	
EVER APPLIED TO THIS COMPANY BEFORE? ☐ YES ☐ NO	WHERE?	WHEN?

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				

General Information

TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

COMMENTS

Former Employees (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

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

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by Americans with Disabilities Act (ADA) and other relevant federal and state laws"

DATE _____   SIGNATURE _____