

POSITION APPLIED FOR _____

DATE _____



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

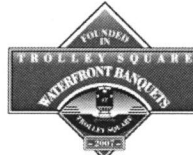
Position applied for? _____ Date you can start _____ Salary desired _____

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	



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 _____					Date Started	Salary	
Address _____					Date Left	Salary	
Phone _____							

Job Duties _____

2) Company Name _____					Date Started	Salary	
Address _____					Date Left	Salary	
Phone _____							

Job Duties _____

3) Company Name _____					Date Started	Salary	
Address _____					Date Left	Salary	
Phone _____							

Job Duties _____

4) Company Name _____					Date Started	Salary	
Address _____					Date Left	Salary	
Phone _____							

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 _____

