



# Application for Employment

## CONTACT INFORMATION

	Date _____
Name	
Preferred Name	
Address	
Phone	
E-Mail	

Are You 18 Years or Older? \_\_\_Yes\_\_\_No

If under 18 years of age, applicant will be required to submit a birth certificate or work certificate as required by State Law.

Do You Have Reliable Transportation To and From Work? \_\_\_Yes \_\_\_No

How Far Do You Live From The Restaurant? \_\_\_\_\_

Are You Authorized To Work In the US? \_\_\_Yes \_\_\_No

Are There Any Duties You Would Be Unable To Perform? \_\_\_\_\_

Who Recommended You For This Position? \_\_\_\_\_

• **What Position Are You Interested In?**

- Management
- Chef
- Line Cook
- Prep Cook
- Host/Hostess
- Server /Bartender
- Busser
- Maintenance

• **Are You Applying For.....**

- Full Time
- Part Time
- Temporary
- Days Only
- Nights Only
- Days/Nights

## Availability

	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From						
To						

Total Hours Per Week Available To Work: \_\_\_\_\_

When Are You Able To Start? \_\_\_\_\_

Are You Available To Work Holidays? \_\_\_Yes \_\_\_No ( We are closed Christmas Eve and Christmas )

## Education

Are You Currently Undertaking Study/Training? \_\_\_Yes \_\_\_No

If Yes, Course Program Name \_\_\_\_\_

School \_\_\_\_\_

- Full Time  
 Part Time

List Any Other Education Accomplishments \_\_\_\_\_

Special Interests and Skills \_\_\_\_\_

## Work Experience

Please List Present & Past Employment Beginning With The Most Recent.

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_

Responsibilities \_\_\_\_\_

Starting and Ending Dates of Employment \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

May We Contact This Employer? \_\_\_Yes \_\_\_No

Employer\_\_\_\_\_ Supervisor\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

Job Title \_\_\_\_\_ Salary\_\_\_\_\_

Responsibilities \_\_\_\_\_

Starting and Ending Dates of Employment \_\_\_\_\_

Reason For Leaving\_\_\_\_\_

May We Contact This Employer? \_\_\_ Yes \_\_\_ No

Employer\_\_\_\_\_ Supervisor\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

Job Title \_\_\_\_\_ Salary\_\_\_\_\_

Responsibilities \_\_\_\_\_

Starting and Ending Dates of Employment \_\_\_\_\_

Reason For Leaving\_\_\_\_\_

May We Contact This Employer? \_\_\_ Yes \_\_\_ No

## References

Please Provide Three People We Can Speak To Regarding Your Work History

Name\_\_\_\_\_ Contact Phone Number\_\_\_\_\_

Occupation\_\_\_\_\_ Relationship\_\_\_\_\_

Name\_\_\_\_\_ Contact Phone Number\_\_\_\_\_

Occupation\_\_\_\_\_ Relationship\_\_\_\_\_

- 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 understand that prior to employment I may be subject to a comprehensive background check.
- 4. I understand that prior to employment I may be subject to random drug testing.

Signature\_\_\_\_\_

Date\_\_\_\_\_

