



**THE LONG WAY HOME GRILL AND PUB**



Employment Application

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City				State		ZIP			
Phone			E-mail Address						
Date Available			Social Security No.			Desired Salary			
Position Applied for									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
EDUCATION									
High School			City, State						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College			City, State						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES									
<i>Please list three professional references.</i>									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

AVAILABILITY

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date