

POSITION APPLIED FOR
DATE

APPLICATION FOR EMPLOYMENT

(Please answer all questions)
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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 on 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.

CONTACT INFORMATION (please print or type)

Name: Last First Middle

Present Address

Phone () Email Address

Are you 18 years old or older? ☐ Yes ☐ No If not, state date of birth ____/____/____

If under age 16, how many hours per week are you employed elsewhere? _____hours

Have you had any name changes in order to verify job or education history? ☐ Yes ☐ No Previous Name _____

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

How did you hear about this position? _____

EDUCATION					
	Name and Address of School		Grade or Degree Completed	Graduate	
				Yes	No
High School					
College or University					
Others (Specify) ex. food safety courses, responsible alcohol					
Military Service Schools Attended					
Military Service Record	Veteran ☐ Yes ☐ No	Branch	From: (Date)	To: (Date)	Highest Grade

PLEASE CHECK THE KIND OF WORK YOU HAVE DONE:

- | | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|--|
| ☐ Barista | ☐ Chef | ☐ Host | ☐ Sandwiches |
| ☐ Bartender | ☐ Cook | ☐ Manager | ☐ Sous Chef |
| ☐ Bookkeeper | ☐ Counter | ☐ Pastry Chef | ☐ Social Media |
| ☐ Bus Person | ☐ Dietitian | ☐ POS | ☐ Wait Staff |
| ☐ Carver | ☐ Dishwasher | ☐ Prep Cook | ☐ Wait Staff-Formal Service |
| ☐ Cashier | ☐ Food Runner | ☐ Salad | ☐ Wait Staff-Casual Service |

Previous Employment

(List below your last employers, starting with most recent first)

Employer _____	Dates Employed _____
Work Phone (____) _____	Pay Rate: \$ _____ to \$ _____
Address _____	City _____ State _____ Zip _____
Supervisor's Name and Title _____	May we contact them? ☐ Yes ☐ No
Your Position _____	Reason for Leaving _____
Duties Performed _____	

Employer _____	Dates Employed _____
Work Phone (____) _____	Pay Rate: \$ _____ to \$ _____
Address _____	City _____ State _____ Zip _____
Supervisor's Name and Title _____	May we contact them? ☐ Yes ☐ No
Your Position _____	Reason for Leaving _____
Duties Performed _____	

Employer _____	Dates Employed _____
Work Phone (____) _____	Pay Rate: \$ _____ to \$ _____
Address _____	City _____ State _____ Zip _____
Supervisor's Name and Title _____	May we contact them? ☐ Yes ☐ No
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Employer _____	Dates Employed _____
Work Phone (____) _____	Pay Rate: \$ _____ to \$ _____
Address _____	City _____ State _____ Zip _____
Supervisor's Name and Title _____	May we contact them? ☐ Yes ☐ No
Your Position _____	Reason for Leaving _____
Duties Performed _____	

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? _____

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 forgoing inquiries.
3. I have read these statements and answers to these inquiries. ☐ Yes ☐ No

Date _____ Signature _____



A service of Wisconsin Restaurant Association