



Employment Application

You may drop off your completed application at the Restaurant. Please give it to the hostess.

Please print in Ink or Type

Today's Date: _____

Position Applying for: _____

Last name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Home _____ Drivers License No #: _____ State: _____

Phone #: () _____ Cell Phone #: () _____ E-mail Address: _____

Are you eligible for employment in the U. S.? Yes No If yes, you may be required to supply verification.

Days Available: Mondays from _____ to _____. Tuesdays from _____ to _____. Wednesdays from _____ to _____
 Thursdays from _____ to _____. Fridays from _____ to _____. Saturdays from _____ to _____

If hired, when can you start?: _____

In case of accident, notify:

Name	Address	City, State, Zip	Relationship to you	Daytime Phone	Evening Phone	Cell Phone
Name	Address	City, State, Zip	Relationship to you	Daytime Phone	Evening Phone	Cell Phone

If you are under 18 years of age, please indicate your birth date:

Have you ever been convicted of a crime other than a traffic violation: Yes No If yes, please explain*: *Note: A conviction will not necessarily bar you from employment. Each conviction is judged on its own merits with respect to time, circumstances and seriousness.

Education

High School Name	City	State	Dates Attended	Yes No Graduated?	Diploma or Course of Study
High School Name	City	State	Dates Attended	Yes No Graduated?	Diploma or Course of Study
College or University	City	State	Dates Attended	Yes No Graduated?	Diploma or Course of Study
Other: Business School, Nursing School Military Training	City	State	Dates Attended	Yes No Graduated?	Diploma or Course of Study

List trade or professional organizations of which you are a member, including office held, if applicable, and professional licenses and certifications you consider significant. List specialized training, apprenticeships, or other skills. _____

Employment History									
Present or Last Employer	Address	City	State	Start Date	End Date	Job Title	Start Pay	End Pay	
Name of Supervisor	Job Title of Supervisor	OK to Contact?	Reason for Leaving						
Present or Last Employer	Address	City	State	Start Date	End Date	Job Title	Start Pay	End Pay	
Name of Supervisor	Job Title of Supervisor	OK to Contact?	Reason for Leaving						
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Present or Last Employer	Address	City	State	Start Date	End Date	Job Title	Start Pay	End Pay	
Name of Supervisor	Job Title of Supervisor	OK to Contact?	Reason for Leaving						
U. S. Military Service									
Branch of Military	Start Date	End Date	Present or Last Rank	Current Status					
Job Title	Duties Performed						Start Date	End Date	
Job Title	Duties Performed						Start Date	End Date	
References									
Name	Address	City, State, Zip				Relationship to you	Years Known		
Name	Address	City, State, Zip				Relationship to you	Years Known		
Name	Address	City, State, Zip				Relationship to you	Years Known		
Name	Address	City, State, Zip				Relationship to you	Years Known		

Information to the applicant: As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above

Applicant's Signature: _____