

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.

NAME: LAST FIRST MIDDLE

PRESENT ADDRESS CITY STATE ZIP CODE

(       ) \_\_\_\_\_ How long have you lived at the above address? \_\_\_\_\_

PHONE \_\_\_\_\_

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

If under age 18, how many hours per week are you employed elsewhere? \_\_\_\_\_ hours

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? \_\_\_\_\_

<b>EDUCATION</b>						
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	

**PLEASE CHECK THE KIND OF WORK YOU HAVE DONE:**

- |                                      |   |   |  |
|--------------------------------------|---|---|--|
| <input type="checkbox"/> Bartender   | <input type="checkbox"/> Dietitian            | <input type="checkbox"/> Pastry Cook    | <input type="checkbox"/> Wait Staff              |
| <input type="checkbox"/> Bookkeeper  | <input type="checkbox"/> Dishwasher           | <input type="checkbox"/> Porter         | <input type="checkbox"/> Wait Staff-Arm Service  |
| <input type="checkbox"/> Bus Person  | <input type="checkbox"/> Food Prep Technician | <input type="checkbox"/> Pot Washer     | <input type="checkbox"/> Wait Staff-Tray Service |
| <input type="checkbox"/> Carver      | <input type="checkbox"/> Fountain             | <input type="checkbox"/> Salad          |  |
| <input type="checkbox"/> Chef        | <input type="checkbox"/> Host or Hostess      | <input type="checkbox"/> Sandwiches     |  |
| <input type="checkbox"/> Cook        | <input type="checkbox"/> Kitchen Helper       | <input type="checkbox"/> Stenographer   |  |
| <input type="checkbox"/> Cook Helper | <input type="checkbox"/> Manager              | <input type="checkbox"/> Typist         |  |
| <input type="checkbox"/> Counter     | <input type="checkbox"/> Pantry               | <input type="checkbox"/> Vegetable Cook |  |

**-CONTINUED ON REVERSE SIDE-**

# 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
<b>1) Company Name</b> _____ <b>Address</b> _____ _____ <b>Phone</b> _____							
					Date Left	Salary	

**Job Duties**

<b>2) Company Name</b> _____ <b>Address</b> _____ _____ <b>Phone</b> _____						Date Started	Salary	
					Date Left	Salary		

**Job Duties**

<b>3) Company Name</b> _____ <b>Address</b> _____ _____ <b>Phone</b> _____						Date Started	Salary	
					Date Left	Salary		

**Job Duties**

<b>4) Company Name</b> _____ <b>Address</b> _____ _____ <b>Phone</b> _____						Date Started	Salary	
					Date Left	Salary		

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

Date \_\_\_\_\_ Signature \_\_\_\_\_

