



## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Name	Today's Date
Full Address	Social Security Number
Phone Number	Referred By

### EMPLOYMENT DESIRED

Position	Date You Can Start	Salary/Wage Desired <input type="checkbox"/> Market <input type="checkbox"/> Specific: \$
Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		

### RESTAURANT EXPERIENCE (please check any that apply)

<input type="checkbox"/> Cashier	<input type="checkbox"/> Host/Hostess	<input type="checkbox"/> Prep Cook	<input type="checkbox"/> Bus/Dishwasher	<input type="checkbox"/> Management
<input type="checkbox"/> Waiter/Waitress	<input type="checkbox"/> Bartender	<input type="checkbox"/> Chef	<input type="checkbox"/> Catering	<input type="checkbox"/> Other:

### EMPLOYMENT HISTORY

Current or Most Recent Employer's Name	Address	Phone Number
Title or Position	Dates Employed from (mo/year) to (mo/year)	Last Wage or Salary
Reason for Seeking New Employment?		
May We Inquire of This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide your Manager's Name	Manager's Phone Number

**EMPLOYMENT HISTORY (CON'T)**

Current or Most Recent Employer's Name		Address	Phone Number
Title or Position		Dates Employed from (mo/year) to (mo/year)	Last Wage or Salary
Reason for Seeking New Employment?			
May We Inquire of This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide your Manager's Name		Manager's Phone Number
Current or Most Recent Employer's Name		Address	Phone Number
Title or Position		Dates Employed from (mo/year) to (mo/year)	Last Wage or Salary
Reason for Seeking New Employment?			
May We Inquire of This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide your Manager's Name		Manager's Phone Number

**EDUCATION**

High School Graduate (or Equivalency)? <input type="checkbox"/> Yes <input type="checkbox"/> No	High School Name & City, State
Two-Year Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree / School Name & City, State
Four-Year Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree / School Name & City, State
Graduate Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree / School Name & City, State
Other Certification, Degree, or Program, and School Name & City, State	
Other Certification, Degree, or Program, and School Name & City, State	
Other Certification, Degree, or Program, and School Name & City, State	

**FOOD HANDLER'S CERTIFICATION**

Do you have a current certification for food handling?  Yes  No

**EMPLOYMENT ELIGIBILITY**

Are you 18 years of age or older?  Yes  No, please list current age: \_\_\_\_\_

Are you legally authorized to work in the United States on a full-time basis?  Yes  No

**BACKGROUND**

Have you been convicted of a crime in the past ten years (excluding misdemeanors and summary offenses) which has not been annulled, expunged, or sealed by a court?  Yes  No

Have you been sued in civil court for intentional misconduct?  Yes  No

If you answered yes to either of the above background questions, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we obtain and review a background check on you?  Yes  No *Please Initial:* \_\_\_\_\_

**REFERENCES** Please provide the names of three persons not related to you that we may contact as a reference.

Name	Mailing Address or Phone Number	Years Known
Name	Mailing Address or Phone Number	Years Known
Name	Mailing Address or Phone Number	Years Known

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I authorize the investigation of all statements contained herein, and consent to have my background check obtained and reviewed.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and/or any other relevant federal and state laws."

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