

APPLICATION FOR EMPLOYMENT



Date: _____

Personal Information

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
EMAIL:			
HOME PHONE #	EMERGENCY CONTACT / RELATIONSHIP		EMERGENCY CONTACT PHONE #

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
HAVE YOU APPLIED WITH THIS COMPANY BEFORE?	WHERE?	WHEN?

Education History

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

Availability

Shift hours are dependent on position held **Fill in the blanks with "Yes" or "No"**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
LUNCH - Starts between 10:45 and 12:00 Ends between 4:00 and 5:00							
DINNER - Starts between 4:00 and 5:00 Ends between 9:00 and closing							
DO YOU HAVE ANY VACATIONS PLANNED OR TIME OFF NEEDED IN THE NEXT 6 MONTHS?							

Former Employers - Please list with most recent first

	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

References List below the names of three people not related to you whom you have known at least one year

NAME	ADDRESS	OCCUPATION	YEARS KNOWN

Allergies List any known allergies you have that you feel you could be exposed to by working in a foodservice environment

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 investigation of all statements contained herein and 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 the utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific 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 or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date _____ Signature _____

_____ **Do Not Write Below This Line** _____

Date _____ Interviewed By _____
