

Position Applied For
Date

For Office Use Only			
Date Started			
Employee number			
Department			
Kitchen	Bar	Dining Room	Other

Application for Employment

(Please answer all questions)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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 _____

Phone (_____) _____ How long have you lived at the above address? _____

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 Applying 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? _____

Education						
Schooling	Name and Address of School			Grade or Degree Completed	Graduate	
					Yes	No
High School						
College or University						
Other (Specify)						
Military Service Schools Attended						
Military Service Record	War Veteran		Branch	From: (Date)	To: (Date)	Highest Grade
	Yes	No				

Please Check the Kind of Work You Have Done:

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	<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"/>	Sandiwches	<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	<input type="checkbox"/>		

PREVIOUS RESTAURANT EXPERIENCE

(LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST)

Employment- Last Company First	Company business	Your Position	Immediate Supervisor	Title	Employment Dates	Yearly Salary	Reason for Leaving
Company Name							
Address							
Phone					Date left	Salary	
Job Duties							
Company Name							
Address							
Phone					Date left	Salary	
Job Duties							
Company Name							
Address							
Phone					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 and when? _____
 Are you now employed? Yes _____ No _____ Telephone Number _____

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 answer to the forgoing inquiries.
3. I have read these statements and answers to these inquiries. Yes _____ No _____

DATE _____ SIGNATURE _____