



Application for Employment

<u>Name:</u> (Last)	(First)	(Middle Initial)	<u>Social Security Number:</u>
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Local Address:

<u>Street Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>	<u>Country:</u>
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Home Address: (If different from local address)

<u>Street Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>	<u>Country:</u>
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<u>Phone Number:</u>	<u>Mobile Phone Number:</u>	<u>E-Mail Address:</u>
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Are you a citizen of the U.S. or do you have a legal right to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any offer of employment is conditional upon you completing Form I-9 and providing documents establishing your identity and work authorization.
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Have you ever pleaded "guilty", "no-contest" or been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", When and Where?
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If "Yes", please provide details:

Type of employment desired:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Date Available To Start:
How many hours per week would you like to work?	How far do you live from the restaurant?		
How were you referred to us?			

Availability

Hours Available To Work		Mon	Tue	Wed	Thur	Fri	Sat	Sun
From:								
To:								
From:								
To:								
From:								
To:								

Education

Are you presently enrolled in school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please provide name and address of the school you are attending:			
<u>School Name and Address:</u>	<u>Type Of Degree or Program:</u>	<u>Expected Completion Date:</u>	

Did you successfully complete high school and receive a diploma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you did not complete high school, do you have a high school equivalency diploma (GED)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Name and address of last school attended:

<u>School Name and Address:</u>	<u>Dates Attended:</u> From: To:	<u>Did You Graduate?</u> Yes No	<u>Date Of Degree:</u>	<u>Major:</u>
		<input type="checkbox"/> <input type="checkbox"/>		

List other education, degrees, special skills, qualifications or certifications:

Employment History

<u>Company Name and Address:</u>	<u>Job Title:</u>

<u>Company Phone Number:</u>	<u>Supervisor Name:</u>	<u>Dates Of Employment:</u>	From:	To:
<u>Last Pay Rate:</u>	<u>Reason For Leaving (If Applicable):</u>	<u>May We Contact This Employer?</u>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<u>Company Name and Address:</u>			<u>Job Title:</u>	
<u>Company Phone Number:</u>	<u>Supervisor Name:</u>	<u>Dates Of Employment:</u>	From:	To:
<u>Last Pay Rate:</u>	<u>Reason For Leaving (If Applicable):</u>	<u>May We Contact This Employer?</u>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

References

Name:	Address:	Phone:	Relationship To You:

Signature of Applicant

Date